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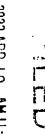
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2023 APR 10 AMII: 31 SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	NGEL. ESMERLY SARAHY	. LL.C	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YANEZ ANGEL, ESMEI	RLY SARAHY	
		Name of Person	
	YANEZ ANGEL, ESME	RLY SARAHY, LLC	
		Firm/Company	
	9500 SW 174TH ST UNI	l`#337	20: 3::
		Address	
	MIAMI, FL 33157		2023 APR 10 MM II: 3
		City/State and Zip Code	
	YANEZ.S@EWM.COM	·	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	,,,
YANEZ ANGEL, ESMI	ERLY SARAHY	786 3141721	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, F		The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

YANEZ ANGEL, ESMERLY SARAHY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 07, 2023 and assigned Florida document number <u>1.23000120193</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9500 SW 174TH ST UNIT #337 Enter new principal offices address, if applicable: MIAMI, FL 33157 (Principal office address MUST BE A STREET ADDRESS) 0 9500 SW 174TH ST UNIT #337 Enter new mailing address, if applicable: MIAMI, FL 33157 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 9500 SW 174TH ST UNIT #337 New Registered Office Address: Enter Florida street address . Florida 33157 Zip Code MIAMI

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YANEZ ANGEL, ESMERLY SAR	9500 SW 174TH ST UNIT #337 MIAMI, FL 33157	≣ Add
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			□Change
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		တ္တ (၂) (၂) (၂) (၂) (၂) (၂) (၂)	Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	be specific and cannot be prior to date of filing ock does not meet the applicable statutory fi	(option or more than 90 days after fill illing requirements, this d	ing.) Pursuant to 605,0207
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.i	m, on the earlier of: (b)	The 90th day after the
Dated APRIL, 04	2023		
GIMEN	Amply Save	aly	
	Signature o∮a member or authorized representat	tive of a member	·