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DATE: 12/26/2024

NAME: 400 SUNNY ISLES UNIT 119 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Sec Division of Corp						
400 Sunny I.	sles Unit 119, LLC					
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are subsidence concerning this matter	•				
	Tony Bell					
		Name of Person				
	PAG Law PLLC					
		Firm/Company				
	Four Seasons Tower, 1441	Brickell Avenue, Suite 1120				
		Address				
	Miami, FL 33131					
		City/State and Zip Code				
	tb@pag.law					
Van frankra infrarration of	neerning this matter, please c	to be used for future annual report notification)				
	ncerning this matter, please c					
Stephen Zagami		508 904-6696 at ()				
Name of	Person	at ()				
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclose				
Mailing Address Registration Se		Street Address: Registration Section				
Division of Co	orporations	Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2024 DEC 26 PM 1: 15

400 Sunny Isles Unit 119, 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 Co	ompany were filed on March 17,	2023 and assigned	
Florida document number L23000123965	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		****	
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:		***************************************	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duti ent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	
	If Changing Registered Agent, Sign:	ature of New Registered Agent	

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
AMBR .	Safe Territory LLC	211 W PARK DR 201	∃ Add
	MIAMI, FL 33172 UN	□Remove	
			□ Change
		□Add	
		□Remove	
		[] Change	
		□Add	
			
		□Change	
		□Remove	
		□ Change	
		□Add	
		□Remove	
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			Remove
			□Change

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ffaat	ive data if other than the date of films.
an et ote:	ive date, if other than the date of filing:
recor l is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	December 26 . 2024
	$\lambda (\cdot \cdot \cdot) \mathcal{Y}$
	Signature of a the proper or authorized representative of a member
	Signature of arthernber or authorized representative of a member Ignacio Jose Valdivia Del Rio, authorized representative of Legria USA Corp, Manager

Filing Fee: \$25.00