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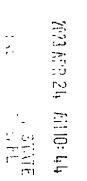
(Re	questor's Name)	
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Special Instructions to I	 Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor					
	CES REAL ESTATE LLC				
SUBJECT:	Name of Limit	ed Liability Company			
	Amendment and fee(s) are subn				
Please return all correspo	indence concerning this matter to	o the following:			
	JOSUE DAVID VERA NIN	()			
		Name of Person			
	JDVERAN CORP				
		Firm/Company			
	10864 NW-40TH STREET				
		Address			
	SUNRISE, FLORIDA, 333:	51		2023 NPC	٠
	REALESTATEVIVID@GM			- 12 - 12 - 13	•
	E-mail address: (6	o be used for future annual report notifica	ttion)		
For further information of JOSUE DAVID VERA N	concerning this matter, please ca	11: 754 3044985		M110: 45	***
		at ()	Telephone Number		
Name o	d Person	Area Code Daytime T	elephone Number		
Enclosed is a check for t	he following amount:				
[_l \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Ll \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified	te of Status &	
Mailing Address		<u>Street Address:</u> Registration Secti	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIVID SPACES REAL ESTATE I						
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	er records.)			
The Articles of Organization for this Limited I Florida document number	iability Company w	ere filed on	.3	_ and	assign	ed .
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabili	ty company here:				
The new name most be distinguishable and contain the	words "Limited Liability	Company," the designat	ion "LLC" or the abbre	viation	T.,I.,C.	
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>	
					20 20 20 20 20 20 20 20 20 20 20 20 20 2	***
					:5 21:	٠.
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			-	<u> </u>		
					<u>.</u>	
			,	Ę.	ÿ	
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records	s, <u>enter the name o</u>	f the	new ro	gistere
Name of New Registered Agent:	JOSUE DAVID V	ERA NINO	_			
New Registered Office Address:	10864 NW 40TH	STREET				
		Enter Florida stre	et address		= 	_
	SUNRISE		, Florida <u>33351</u>			
		City		Zip Ce	rde	

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.

If Changing Registered Agent, Signature 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
MGR	ABRIL GROUP LLC	2100 PONCE DE LEON BLVD SUTTE 850	/ . .
		CORAL GABLES, FL 33134	[] \Add
		CORMINITARITARINA	Remove
	·		L]Change
			(DAdd
			LIRemove
			ElChange NP EltAdd
		· 1	☐ ☐ Remove
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			I_IRemove
			[_]Change
			LIAdd
			LIRemove
			{_]Change
			LIAdd
			[]Remove
			l_lChange

7. If amending any other fine	ormation, enter change(s) here: (Attach additional sheets, (y vice control y
		••
		
		.,,
-		
Effective date, if other tha	04/17/2023 n the date of filing:	(optional)
Note: If the date inserted in t	the must be specific and cannot be prior to date of filing or more than 90 days this block does not meet the applicable statutory filing requirement the Department of State's records.	ys after filing.) Pursuant to 605.020; its, this date will not be listed as
f the record specifies a delayed ef ecord is filed.	Rective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
APRIL 17	2023	
Dated		2073 API
	Signature of a member or/authorized representative of a member	-
PAOLA ANDREA	TOLOSA ISCALA	. 2t
	Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00