10/9/23, 9:54 AM

To: (350) 617-6383

From Top Pro Accounting, Inc. Division of Corporations

Fax. (786) 304-2527



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOP PRO ACCOUNTING INC

Account Number : I20230000127 Phone : (786)280-4893 Fax Number : (786)304-2527

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTURALIVING LLC

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Fax. (786) 304-2527

To (850) 517-6383

From, Top Pre Accounting, Inc. Page 2/4

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

ALTURALIVING LLC		
(Name of the Limited Lia (A Fle	ability Company as it now appears on our records. onda Limited Liability Company))
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number 1.23000241520		_
This amendment is submitted to amend the following	Ř:	
A. If amending name, <u>enter the new name of the l</u>	limited lighility company here:	
the new name must be distinguishable and contain the words."	*Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET AD	DDRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	2	- +
	ered office address on our records, enter th	ie name of the new regis
B. If amending the registered agent and/or register agent and/or the new registered office address her Name of New Registered Agent:	r <u>e</u> :	
Name of New Registered Agent:	re:	
gent and/or the new registered office address her	re: Enter Florida street address	
Name of New Registered Agent:	re:	

Thereby 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.

(3)

To (850) 617-6363

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From Top Pro Accounting, Inc.

Fax (786) 304-2527

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 FRANKLIN D. ROMAN ARNEZ		15135 SW 115TH TERRACE, MIAMI, FL 33196	
			□Remove
			DChange
			□Add
			□Remove
			OChonge
			□Add
			URemove
			□Change
			□Add
		□Remove	
			□Change
			Dadd
			□Remove
			□Change
			□Add
			□Remove
			DChunge

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To (850) 617-6383

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From Top Pro Accounting Inc.

Far. (786) 304-2527

. If amending any other inform NONE	nation, enter change(s) h	i ere : (Attach additiona	d sheets, if necessary.)	
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	V-101-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the app	licable statutory filing re	(optional) than ⁹ 0 days after filing.) Pursuant to 605.0 quirements, this date will not be listed)207 (d as t
e record specifies a delayed effect rd is filed.	we date, but not an effective	e time, at 12:01 a.m. on the	he carlier of: (b) The 90th day after	thc
October 9	2023			
	Green Valerce F Signature of a member or au	Roman Palacan thorized representative of a	member	
GRETA V. ROMAN I				
UKCIA Y, KUMAN I		inted name of signee		