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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 1200000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

Fax Num

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

Email Address: Inpo @ Senbentautine com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAINT MARTELMO LLC

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Help. LEMIEUX
JUN 2 3 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT MARTELMO LLC	·				
(Name of the Limit	od Liability Compa (A Florida Limited)	ny as it now appe liability Company)	ars on our record	<u>s.</u> )	<del></del>
The Articles of Organization for this Limited Li	ability Company	were filed on C	05/30/2023		and assigned
Torida document number L23000263059	<u> </u>				. 0
nis amendment is submitted to amend the follo	owing:	,			
L. If amending name, enter the new name of	the limited liab	ility company l	nere:		
he new name must be distinguishable and end with the v	words "Limited Lieb	ility Company," the	e designation "LL.C	or the abbre	viation "L.L.C."
nter new principal offices address, if applica					
Principal office address MUST BE A STREE		,			
					····
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	:			
	· .		· .		
				*** *	
. If amending the registered agent and/o	or registered of	fice address o	n our records.	enter the	name of the n
egistered agent and/or the new registered off	ice address here	<b>;</b>			
•			•		Ξ.
Name of New Registered Agent:	<del></del>				<u>い</u> ニ
New Registered Office Address:			•		⊋ C
	•	Enter Flo	orida street adáress	-	
· . · · · ·			Fla	rida ≒	2
	-	City	, FIO.		ip Code

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

MGR = Manager

H23000 22326 13

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Name : Title Address Type of Action MEJUTO, DIEGO F 20900 NE 30TH AVE, SUITE 703 **AMBR** MIAMI, FL 33180 ■ Remove □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

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fective	date; if other than the date of filing: (optional)
e effecti e date ti	date, if other than the date of filips:  date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)  2023
e effecti e date ti	a date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)  INE 22  2023
e effecti e date ti	e date must be specific, cannot be prior to date of receipt or filed dask and cannot be more than 90 days after to deciment is filed by the Florida Department of State)

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