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(((H23000367362 3)))



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From:			
	Account Name : JSD & COMPANY	Υ ΡΑ	
	Account Number : I20190000114		
	Phone : (786)286-2705		
	Fax Number : (305)901-6024	ł	
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To:

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10/20/2023 1:18 PM

H23000367362 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACAI WAY MIAMI 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 <u>06/14/2023</u> and assigned Florida document number <u>L23000287176</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:	<u>N/A</u>		
(Principal office address MUST BE A STREET ADDRESS)	·		
	i		<u>. </u>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
			·

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	CAIO A. SERAU FLEURY DA	SILVEIRA 😳
		· N
New Registered Office Address:	15771 SW 90TH TER	
	Enter Florida :	areel adaress
	MIAMI	, Florida _ 33196
	City	Zip 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.

From: JSD & COMPANY CPA Fax, 13059015793 To. 1120000001002 Fax: (850) 617-6383 Page: 3 of 4 10/20/2023 1:18 PM 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>	Name	Address	Type of Action
AMBR	CAIO A. SERAU FLEURY DA SILVEIRA	15771 SW 90TH TER	🗑 Add
		MIAMI, FL 33196	🗆 Remove
			Change
AMBR	MARCELO SERAU	15771 SW 90TH TER	🗆 Add
		MIAMI, FL 33196	🖻 Remove
			Change
AMBR	CAROLINE EBEL PACIFICO GATTO	15771 SW 90TH TER	■Add
		MIAMI, FL 33196	🗆 Remove
			□Change
			🗆 Add
			🗆 Renюve
			🗆 Change
<u></u>			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	N/A
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Effecti	ve date, if other than the date of filing: (optional)
Note:	etive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
e record rd is fil	l 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 ed.
Dated .	OCTOBER 20 2023
	Cm 2
	Signature of a member or authorized representative of a member
	CAIO A. SERAU FLEURY DA SILVEIRA
	Typed or printed name of signee

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