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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE SCHIFFMAN LAW GROUP, P.A.

Account Number : I20000000100 Phone : (305)682-1328 Fax Number : (305)682-0063

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

Email	Address:		

ANA SEE FLORIDA

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TO:	Registration S Division of Co			
CHDIE	MISSONI	2903 LLC		
SUBJE	.CI:	Name of Lin	nited Limbility Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	eturn all corresp	ondence concerning this matter	to the following:	
		ADAM R. SCHIFFMAN,	ESQUIRE	
			Name of Person	
		. THE SCHIFFMAN LAW	GROUP, P.A.	
			Firm/Company	
		2875 N.E. 191 STREET, S	SUITE 500	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		ADAM@REALATTY.NE		18-1
Ca- A	L :- 6		to be used for future annual report not	ilication)
		concerning this matter, please c	aii:	
ADAM	R. SCHIFFMAI		786 200-1328 at ()	<u>.</u>
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)			
npany were filed on 6/21/23	ar	nd assign	ned
,			
d liability company here:			
d Liability Company," the designation "LLC" or the	bbreviati	on "L.L.(3."
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office address on our records, enter the nai	ne of th	<u>e new r</u>	<u>egiste</u>
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Enter Florido street and I		<u>**</u>	-
Enier Florida street address	- <u></u>	<u>*</u>	
1	d liability company here: d Liability Company," the designation "LLC" or the a	d liability company here: d Liability Company," the designation "LLC" or the abbreviati	and assign

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.

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II amenuing 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
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		· 	□Remove
			Change
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record specified is filed.	s a delayed effe	ctive date, but	not an effec	ctive time,	at 12:01 a.m	ı. on the ea	rtier of: (b)	The 90th de	ay after the
Dated JULY 5			2023						
3ated	DocuSigned	•	<u> </u>	 '					
Dated									
Dated	Andy 610								
	Andy 010		of a member of	or authorized	representati	ve of a mem	ber		

Filing Fee: \$25.00