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08/19/21

COVER LETTER

Division of Cor			
ONE MIMI SUBJECT:	O 62 LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANCISCO MARINO		
		Name of Person	
	ONE BRIC CAPITAL LL	С	
		Firm/Company	
	2011 SOUTH MIAMI AV	ENUE	
		Address	· :
	MIAMI, FL 33129		•
	JCOLL@NOCTUAPARTY	City/State and Zip Code NERS.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	<u>:</u> :
JULIANA COLL		786 2200330	C)
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE MIMO 62 LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on <u>09/06/2023</u>	and assigned
orida document number L23000416200		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
NE FLORIDA LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2011 SOUTH MIAMI AVENU	JE
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33129	
		~ 1
		<u>·</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	. <u>-</u>	-·
		v
. If amending the registered agent and/or registered office :	address on our records, enter	the name of the new regist
gent and/or the new registered office address here:	address on our recorder enter	The state of the s
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is —
	FI	orida
	Cin	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.

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
AMBR	CWV DEVELOPMENT GROUP LLC	90 SW 3rd STREET CU5	≣ Add
		MIAMI, FL 33130	□Remove
			□ Change
			□Add
		 	□Remove
			□Change
			<u>(~)</u> □ Add
		·····	
			Change
			□Remove
			□Change
			□Add
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		·	Change
			□Remove
			□Change

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			C) C)
			
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e: If the date inserted in this l	ust be specific and cannot be prior	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
cord specifies a delayed effecti filed.	ive date, but not an effective ti	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
ed JULY 30	2024		
	00	1/1	
	Signature of a member or augus		

Filing Fee: \$25.00