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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

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

Email Address: david.sinopoli@gmail.com

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Stolzenberg, Gelles Webfa Page: 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	
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Enter Florida street address	<u>_</u>
, Florida	Zip Code
	, Florida

## 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.

11/14/2023 14:46 From:3054233979 Stolzenberg, Gelles Webfa Page:3/4

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	DAVIDE DANESE	212 N. MIAMI AVENUE	□Add
		MIAMI, FL 33312	■Remove
			□Change
AMBR DAVID SINOPOLI	212 N. MIAMI AVENUE	Add	
	MIAMI, FL 33312	□Remove	
			☐ Change
		□Remove	
		☐ Change	
			□Remove
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			□Change

Note:	ye date, if other than the date of filing:
f the record is f	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.
	11/14/2023

Keith Stolzenberg, Authorized Representative

Typed or printed name of signee

Signature of a member or authorized representative of a member