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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 : (305)961-1450 Phone 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:	Danesemiami@gmail.com	
Emali	MUUI ESS.	Dunesellianie Zimmicom	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTER 52, LLC

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T. LEMIEUX

11/14/2023 14:50 From:

From: 3054233979

Stolzenberg, Gelles Webfa Page:2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTER 52, LLC	
(Name of the Limited Liability Company as it.) (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 11/08/2023 and assigned
Florida document number L23000507678	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	103 473 103
B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new register
agent and/or the new registered office address here:	•
	- T
Name of New Registered Agent:	r; → Ø
New Registered Office Address:	
	Enter Florida street address
	. Florida
Cit	

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 14:50 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>	<u>Address</u>	Type of Action
AMBR	DAVIDE DANESE	212 N. MIAMI AVENUE	
		MIAMI, FL 33312	□Remove
			□Change
AMBR	DAVID SINOPOLI	212 N. MIAMI AVENUE	h&d
		MIAMI, FL 33312	■Remove
			☐Change
			□Add
			Remove
			□Change
			DAdd
			Remove
			[]Change
			_Add
			Remove
			[]Change
			□ Remove
			□Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effecti Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 11.	/14/23
	Signature of a member or puthorized representative of a member
	Keith Stolzenberg, Authorized Representative Typed or printed name of signee

Filing Fee: \$25.00