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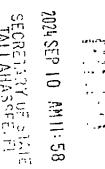
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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	MYKONOS	A62, LLC				
CODSILCT.		Name of Lin	nited Liability Company	,		
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Meghhaa Kumaarr, Esq.				
			Name of Person			
		Law Office of Alexis Gon	zalez, PA			
			Firm/Company			
3162 Commodore Plaza, Suite 3E						
Address						
Coconut Grove, FL 33133						
			City/State and Zip Code			
		la@aglawpa.com	to be used for future annual re		·····	
For further in	dormation co	n-man address: t		port nourication)	•	
Meghhaa Ku		e coming this matter, predice c		9999		
			at ()			~3
	Name of I	Person	Area Code	Daytime Telephone	SECRE TALL	2024 SEP 10 MB
Enclosed is a	check for the	following amount:			EE	ō · ·
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) (60.00 Filing Fee Certificate di Stat Certified Copy o additional copy is en	,

Registration Section

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYKONOS A62, 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 11/08/2023 and assigned Florida document number L23000508226 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

.Florida 🔃

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
MGR	ALEXANDROS XAKOUSTIS	3162 Commodore Plaza, Suite 3E	□ Add
		Coconut Grove, FL 33133	■Remove
			□ Change
MGR	KONSTANTINOS TSAKOSTAS	3162 Commodore Plaza, Suite 3E	= Add
		Coconut Grove, FL 33133	□ Remove
			□Change
			□Add
			SECRETALLATION SECRETALLATION
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			□ □ Change
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an effective date is listed, the date mu	e date of filing: set be specific and cannot be prior to date block does not meet the applicable so department of State's records.	e of filing or more than 90 days	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as t
record specifies a delayed effecti- is filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier o	of: (b) The 90th day after the
September 9	2024		
-			
med Meghhan	Signature of a member or authorized		

Filing Fee: \$25.00