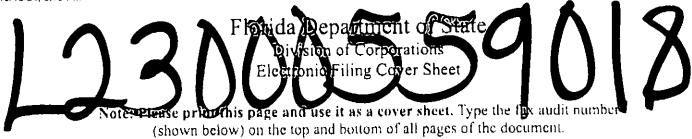
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: supporteeflatinaccounting.com

50 BISCAYNE 2401 LLC

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M. SOLOMON OCT 17 2024

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50 BISCAYNE 2401 LLC			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears o ted Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comparing document number <u>L23000559018</u>	any were filed on 12/20	0/2023	and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited 1	iability company here	:	
he new name must be distinguishable and contain the words "Limited L	nability Company," the design	gnation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicable:	9300 FONTAINE	BLEAU BLVD, APT 103	202
Principal office address MUST BE A STREET ADDRESS	MIAMI FL 33172	<u> </u>	0 mm34
		35 6 ====================================	Caren Garan
nter new mailing address, if applicable:	9300 FONTAINEI	景景 BLEAU BLVD、A層領域	~
(Muiling address MAY BE A POST OFFICE BOX)	MIAMI FL 33172		- 0
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If amending the registered agent and/or registered office and/or the new registered office address here: E&F LATE:	ce address on our reco	ords, enter the name of	the new regis
Name of New Registered Agent:	DDOD ATE LAKE DI ME	S CLUTTE AND	
New Registered Office Address: 1820 N CO	RPORATE LAKE BLVI Enter Florida	Street address	·
WESTON	2	, Florida 33326	
	City:		lip 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.

Siego Francisco

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>	Name	<u>Address</u>	Type of Action
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Tective date, if other than the da	sto of fillna:	(optional)	
an affective date is listed the date must be	specific and cannot be prior to date of filis	ng or more than 90 days after filing.) Pursuant to (05,020
an encentre date is fisted, the date mast de	; does not meet the applicable statutor intment of State's records.	ry filing requirements, this date will not be I	isted a
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ote: If the date inserted in this block incument's effective date on the Department specifies a delayed effective date.	ate, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day at	fier the
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ote: If the date inserted in this block ocument's effective date on the Department's effective date on the Department's filed. October 16	2024		fter the
ote: If the date inserted in this block ocument's effective date on the Department's effective date on the Department's decire a delayed effective date is filed. October 16			fter the

Filing Fee: \$25.00