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2024 HAR 12 AM II: 20 SECRI LOSSE EN LOSIDA Altairis Cambara 16373 SW 30th St Miramar, FL 33027 March 4th, 2024

Division of Corporations Florida Department of State

[Tallahassee, FL ZIP Code]

Subject: MY FLAT MLS LLC - Contact Information

Dear Division of Corporations, the following is the contact information for MY FLAT MLS LLC. As requested with the amendment instructions.

Current Contact Information:

Altairis Cambara

Phone #: 786.626.6612

Address: 16373 SW 30th St, Miramar, FL 33027

Thank you for your attention to this matter.

Sincerely,

Altairis Cambara

COVER LETTER

Division of Cor					
MY FLAT	MLS 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:			
	Altairis Cambara				
	Name of Person				
	MY FLAT MLS LLC				
	Firm/Company				
	16373 SW 30th St				
		Address			
	Miramar, FL 33027				
		City/State and Zip Code			
	a.cambara.e@gmail.com E-mail address: (to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please ca				
Altairis Cambara		786 626.6612 at ()			
Name of Person		Area Code Daytime	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 Address: Registration Section		Street Address: Registration Sec			
Division of Corporations		Division of Corp	porations		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

MY FLAT MIS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.240000000197}{1.240000000197}$.	on 01/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"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)	1201 1201
maning maness part BE 111031 0111CE BOX	
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new register.
agent and/or the new registered office address here:	M.11: 20
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BANCING AND BALCITED

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 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
MGR	OLYMPIANS HOLDINGS LLC	30 N GOULD ST STE RSHERIDAN, WY 82801	= Add
			🗆 Remove
			□Change
	<u></u>		□Add
			🗆 Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ___ Signature of a member or authorized representative of a member Altairis Cambara Typed or printed name of signee