Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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

Email Address: INFO(O) SERBERLAWEINS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KERBEROS RE LLC

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S. ROBERTS

Help

JAN 2 4 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KERBEROS RE LLC					
(Name of the Limite	d Liability Compa A Florida Limited	nv as it now appears (Liability Company)	n our records.)		
The Articles of Organization for this Limited Lin Florida document number L24000012575	ability Company	were filed on 01/	10/2024	and assign	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here	:		
The new name must be distinguishable and end with the v	ords "Limited Lish	oility Company," the de-	signation "LLC" or the	abbreyiarion .L	.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2875 NE 191	STST	PS 5	
		STE 901		→ × N	
		AVENTURA,	FLORIDA 33180) \$\frac{1}{2} \cdot \omega	<u>}</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2875 NE 191	ST ST	AH IO: 3	
		STE 901	EL ODIDA 224 PI	<u>, E. 🖎</u>	
	AVENTURA, FLORIDA 33180				
B. If amending the registered agent and/or the new registered off	or registered of ice address her	ffice address on c <u>e</u> :	ur records, enter	the name of	the new
Name of New Registered Agent: SERBER		& ASSOCIATES	S, P.A.		
New Registered Office Address:	2875 NE 191ST ST. STE. 901				
		Enter Floride	street address		
	AVENTUR		, Florida <u>3</u>	3180	
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			☐ Remove			
			☐ Remove			
			□ Add			
			Remove			
			<u> </u>			
			D Add			
·			☐ Remove			
			Remove			
			U Add			
			Remove			

D. If amending any other information, enter change(s) here: (/	Attach additional sheets, if necessary.)
PLEASE AMEND ALL ADDRESSES INCLUDI	NG THE MANAGER ADDRESS AS
STATED BELOW:	
GUTIERREZ, DAVID	
2875 NE 191st STREET, SUITE 901	
AVENTURA, FLORIDA 33180	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed d the date this document is filed by the Florida Department of State)	(optional) atc and cannot be more than 90 days after
Dated JANUARY 22nd 2024	
Signature of antimber or authorized Daniel J. Serber Track of particular	