

7/2/24, 3:05 PM

Division of Corporations

*L Honor date*

# 24000013315

Florida Department of State  
Division of Corporations  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARI&ELIAS 2 LLC

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DIVISION OF CORPORATIONS  
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T. LEMIEUX

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7/2

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MARI&ELIAS 2 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 01/04/2024 and assigned Florida document number L24000013315

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 "L.L.C."

Enter new principal offices address, if applicable:

7215 Glencagle Dr

(Principal office address MUST BE A STREET ADDRESS)

Miami Lakes, FL 33014

Enter new mailing address, if applicable:

7215 Glencagle Dr

(Mailing address MAY BE A POST OFFICE BOX)

Miami Lakes, FL 33014

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:

MARIETA VIDAL

New Registered Office Address:

7215 Glencagle Dr

*Enter Florida street address*

Miami Lakes

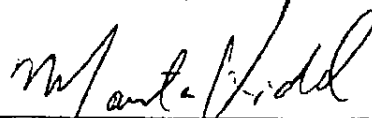
Florida 33014

*City*

*Zip 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.*



If Changing Registered Agent, Signature of New Registered Agent

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MIAAMI LAKES, FL  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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>	<u>Type of Action</u>
MGR	MARIA DIAZ	7380 NW 4TH ST, SUITE 304	<input type="checkbox"/> Add
		PLANTATION, FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIETA VIDAL	7215 Gleneagle Dr	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

