

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000045672 3)))



H240000456723ABC/

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To:
Division of Corporations
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Account Name : COMPUTERSHARE
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRUNFELSIA FORTY-NINE - KLINE HILL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

RECEIVED
2024 FEB - 2 PM 1:00
FLORIDA
DIVISION OF CORPORATIONS

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2024 FEB - 2 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUNFELSIA FORTY-NINE - KLINE HILL, 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 January 18, 2024 and assigned
Florida document number L24000032821.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

2811 Ponce de Leon Blvd., Suite 840

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134

Enter new mailing address, if applicable:

2811 Ponce de Leon Blvd., Suite 840

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL 33134

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FL
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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.

N/A

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cesar Maldonado	2811 Ponce de Leon Blvd., Suite 840	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Pablo Ceballos	2811 Ponce de Leon Blvd., Suite 840	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rocio Ortega	2811 Ponce de Leon Blvd., Suite 840	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

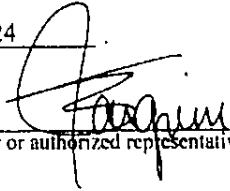
E. Effective date, if other than the date of filing: N/A **(optional)**

(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 February 2nd, 2024



Signature of a member or authorized representative of a member

Emilia Jarquin, Authorized Representative/Incorporator

Typed or printed name of signee