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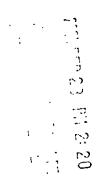
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor               | porations                                    |   |   |
|-------------------------------|--|---|---|
|                               | HOMES LLC                                    |   |   |
| SUBJECT:                      | Name of Lim                                  | nited Liability Company   |   |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo    | ndence concerning this matter                | to the following:   |   |
|                               | Yosvany Mirabal Velez                        |   |   |
|                               |  | Name of Person  |   |
|                               |  |   |   |
|                               | 10765 SW 4 TH ST APT :                       | Firm/Company  |   |
|                               | 10703 3 W 4 TH 31 AT 1                       | Address   |   |
|                               | Miami, FL, 33174                             |   |   |
|                               |  | City/State and Zip Code   | <del></del>   |
|                               | MirabalHomesLLC@outlo                        | ok.com  |   |
|                               | E-mail address: (                            | to be used for future annual report notifica                        | tion)   |
| For further information co    | oncerning this matter, please c              | all:  |   |
| Yosvany Mirabal Velez         |  | 305 303-0872<br>at ()   | زم .<br>ري <del></del> ري   |
| Name of                       | f Person                                     | Area Code Daytime To  | elephone Number   |
| Enclosed is a check for th    | ne following amount:                         |   | 2: 20   |
| □ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S | Section                                      | Street Address: Registration Section                                |   |
| Division of C<br>P.O. Box 632 |  | Division of Corpo<br>The Centre of Tall                             |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIKABAL HOMES LLC  |   |
|--|---|
| (Name of the Limited Liability C<br>(A Florida Lin   | ompany as it now appears on our records.) ited Liability Company)       |
| The Articles of Organization for this Limited Liability Complete Florida document number L24000042839          |   |
| 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:  | 10765 SW 4 TH ST APT 8  |
| (Principal office address MUST BE A STREET ADDRESS   | Miami, FL, 33174  |
|  |   |
| Enter new mailing address, if applicable:  | 10765 SW 4 TH ST APT 8  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Miami, FL, 33174  |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:  Yosvany M   | lirabal Velez   |
| New Registered Office Address: 10765 SW  | 4 TH ST APT 8   |
|  | Enter Florida street address  |
| Miami  | Florida 33174   |
| New Registered Agent's Signature, if changing Registered Age   | City Zip Code (?)   |

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 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 | Address     | Type of Action |
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| Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block does not | ific and cannot be a not meet the a | applicable   | te of filing or n | nore than 90 da | <b>(optiona</b><br>iys after filin<br>nts, this da | io I Pursua      | nt to 605.<br>ot be-liste | ;<br>(3) 0207:<br>d as the |
| document's effective date on the Departme  | nt of State's rec                   | cords.       |                   |                 |  |                  | :<br>?>                   | •                          |
| he record specifies a delayed effective date, bord is filed.   | out not an effect                   | tive time, a | at 12:01 a.m.     | on the earlie   | <b>r</b> of: (b) 1                                 | i.<br>The 90th o | co<br>day after           | the                        |
| Dated February 22  | 2024                                |              |                   |                 |  |                  |                           |                            |
| Yasuania<br>Signatur   |                                     |              |                   |                 |  |                  |                           |                            |
| Signatur   | e of a member or                    | authorized   | representative    | of a member     |  |                  |                           |                            |