L 2400014870s

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Document Number)		
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line is filled to the

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PR83, 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:	
	Jessica Olivares		
		Name of Person	
	JO Accounting LLC		
		Firm/Company	
	15885 SW 11th ST		
		Address	
	Pembroke Pines, FL 33023	7	
		City/State and Zip Code	
	joacetinglle@gmail.com E-mail address: (to be used for future annual report r	notification)
For further information of	concerning this matter, please c	all:	
Jessica Olivares		954 696-7542	!
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclose
Mailing Addres	cc.	Street Address:	
Registration		Registration	
Division of C		Division of C	
P.O. Box 632			f Tallahassee
Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR83 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on03/27/2024	and assigned
orida document number L24000148708		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		·* :
		1_1
nter new mailing address, if applicable:	201 Alhambra Cir	=
failing address MAY BE A POST OFFICE BOX)	Suite 504	
	Coral Gables, FL 33134	 - 기
If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	ne name of the new regist
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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.

Docusign Envelope ID: 3BEDB42F-093C-4916-9275-CE0E42495EC5 11 amending Authorized rerson(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>	Address	Type of Action
MGR	Rodrigo Pintos		🗆 Add
		443 NE 75 STREET MIAMI, FL 33138	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			Remove
			☐ Change
			🗆 Add
			□Change
.		·	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: 7/29/2024 ((Itan 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 605.020 Note: If the date inserted in this block dozes not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed. 7/29/2024 Dated 7/29/2024 Signatur RESCECTAMAND. rized representative of a member		
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Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	7/20/2024	
Dated DocuSigned by:	Effective date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 tatutory filing requirements, this date will not be listed as the
DocuSigned by:		12:01 a.m. on the earlier of: (b) The 90th day after the
DocuSigned by:	7/29/2024 Dated	
Signature BC40FCC38AAA49A rized representative of a member		
organistic	Signature BC40FCC18A4A49A Fized	representative of a member
	organistic 1	

Filing Fee: \$25.00