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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-4137 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1055 N FEDERAL HOLDINGS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		$C\psi$		Zip Code	
	Fort Lauderdal	e	, Florida <u>3331</u>	ł	
		Enter Florida su e	et address		
New Registered Office Address:	613 NW 3rd A	venue, Suite 104			
Name of New Registered Agent:	Michelle Rice				
				اع نظام	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records	, enter the name o		régiste
				. —	:
		Fort Lauderdale, FL 3	3311	<del>'ö</del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Suite 104	<del></del>	\$ S	
		613 NW 3rd Avenue		202	
		rint gauderoate, Fig. 3	.,,,,,,		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FL 33311			
Enter new principal offices address, if applicable:		613 NW 3rd Avenue Suite 104			
The new name must be distinguishable and contain the	: words "1,imiled 1,iahi		on that for the boots	ARITOH CAL	ις.
			ville."	utustina est 1	۳۰
A. If amending name, enter the new name	-	ility company here:			
This amendment is submitted to amend the fo	Howing:				
Florida document number <u>L24000162118</u>	·	•			
The Articles of Organization for this Limited	Liability Company	were filed on April 4, 2	024	_ and assig	gned
		iny as it now appears on ou Liability Company)			
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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 dunes, 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>	<u>Name</u>	Address	Type of Action
MGR	AHIF Link, LLC	613 NW 3rd Avenue	
	_	Suite 104	□Remove
		Ft. Landerdale, F1, 33311	
MGR	Daniel Pena Giraldi	271 NF, 69th Street	□Add
		Suite 101	= n
		Miami, FL 33138	☐ Change
			□Add
			☐Reinove
			□Change
			⊡Add
			☐ Remove
			Change
			□Add
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<u>Vote:</u> If the date inse	her than the date of ed, the date must be spec- orted in this block does date on the Departme	is not meet the appli	cable statutory filing	(optional re than 90 days after filin requirements, this day	l) g.) Pursuant to 605,0207 ie will not be listed as
record specifies a de f is filed.	layed effective date. E	out not an effective t	time, at 12:01 a.m. o	n the earlier of: (b) = 1	the 90th day after the
	6	2024			
September Pated	<del></del>				
September Dated		(A)			