08/13/2024 12:32 PM TO:18506176383 Page: FROM: 4079929407

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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : SA FINANCE & ACCOUNTING INC.

Fax Number : (407)992-9407

**Enter the email address for this business entity to be used for future

[mail	Address:			
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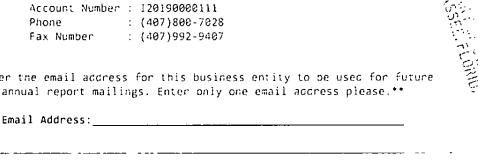
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TMJ FLORIDA INVESTMENTS LLC

Certificate of Status	0
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				Nan	ne of Lir	nited Liability Company	
			submit	ited fo	r filin	cles of Amendment a g. Please return all c atter to the following	orrespondence
			Maria C Sousa Neiva				
						Name of Person	
				SA	Finance & Accounting I	ne	
					Firm Company		
			5728 Major Blvd Ste 307				
						Address	
			Orlando Florida 32819 City/State and Zip Code				
		•					
			Licenses@safinacc.com E-mail address: (to be used for future annual report notification)				
For fi	arther in	nformation conc					il report notification)
		Maria C S	ousa			at (407)	8007028
		Name of Per	son		•	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: .8 Q8/13/2024 12:32 PM TO:18506176383 FROM:4079929407

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Company," the designation "LLC" or the abbreviation "L.L.C.
1800 North Bayshore Dr
Miami, FL 33132

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:

_	Cuv		Zin Code
	ORLANDO	, Florida	32819
	Enter Floria	la street address	
New Registered Office Address:	5728 MAJOR	BLVD STE 307	
Name of New Registered Agent:	SA FINANCE and ACCOUNTING INC		

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.

Waria C Sousa Newa
H Changing Registered Agent, Signature of New Registered Agent

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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

Title	<u>Name</u>	<u>Address</u>	Type of Actio
СЕО	GALIANO, TEREZINHA DE F	1800 N BAUSHORE DR, 2615	DAdd
		MIAMI, FL 33132	XIRemove
СЕО	GALIANO, JORGE HENRI	1800 N BAUSHORE DR. 2615	
		MIAMI, Fl. 33132	N'Remove
			Change
CEO	GALJANO, MICHELLE ALINE	1800 N BAUSHORE DR. 2615	
		MIAMI, FL 33132	NRemove
			CChange
AMBR	BRAVEONE ESTATES LIMITED	OMC Chambers, Wickhams Cay I, Road Town	X Add
		Tortola, British Virgin Islands	TRemove
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depa	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requir	(optional) 90 days after filing) Pursuant to 605 0207 (3)(rements, this date will not be listed as the
record specifies a delayed effective dad is filed.	ite, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated August 8		
	2024 Jorge Henri Galiano	
	nature of a member or authorized representative of a mer	mber -
	JORGE HENRI GALIANO	
	Evned or named name of signer	