Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 Phone : (305)388-7028 Fax Number : (305)479-2705

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 1283 BUTTERFLY ORCHID RD LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1283 BUTTERFLY ORCHID RD I	LLC						
(Name of the Limit	ed Liability Cor (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)	_			
The Articles of Organization for this Limited L	iability Compa	any were filed on $\frac{07/117}{2}$	2024	aı	nd assig	med	
Florida document number L24000308831	 ·						
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name o	f the limited I	iability company here:					
N/A							
The new name must be distinguishable and contain the w	ords "Limited Li	iability Company," the design	nation "LLC" or the a	bbreviau	05 "L.L.	C."	
Enter new principal offices address, if applic	able:	N/A					
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>					
Enter new mailing address, if applicable:		N/A		·.	2024 D		
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(Mailing address MAY BE A POST OFFICE	<u>,BUA)</u>			• •	င္ပ်ာ		
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B. If amending the registered agent and/or r	egistered offi	ce address ол our reco	rds, <u>enter the nan</u>	ne of th		<u>règisterec</u>	
agent and/or the new registered office addre	ss <u>dere</u> :			.1	5		
Name of New Registered Agent:	N/A						
New Registered Office Address:							
-		Enter Florida street address					
			, Florida				
		City		Zφ	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.

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
AMBR	NESENIMIA LLC	7951 RIVIERA BLVD 101	□Add
		MIRAMAR, FL 33023	■Remove
			□ Change
AMBR	ENRIQUE VERDU CANO	7951 RIVIERA BLVD 101	
		MIRAMAR, FL 33023	□Remove
			■ Change
AMBR	CAROLINA D. IBANEZ AROSE MENA	7951 RIVIERA BLVD 101	
		MIRAMAR, FL 33023	□Remove
			≡ Change
			□Add
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record sp	ecifies a delay	ed effective o	iate, but not	an effectiv	e time, at	2:01 a.m.	on the earlie	r of: (b)	The 90th de	ay after the
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