

L2400027195536070

Florida Department of State
Division of Corporations
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((H240002719553)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000283
Phone : (305)932-6262
Fax Number : (305)933-9393

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@SERBERlawfirm.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HERITAGE COVE PE CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

AUG 15 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24 0002 719553

HERITAGE COVE PE CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/02/2024 and assigned
Florida document number L24000336070

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUARDA CAPITAL LLC	2875 NE 191ST STREET, SUITE 901	<input type="checkbox"/> Add
		AVENTURA	<input checked="" type="checkbox"/> Remove
		FL 33180	
MGR	ATLANTIC BAY PARTNERS LLC	601 BRICKELL KEY DRIVE	<input checked="" type="checkbox"/> Add
		700	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 Add
 Remove
 Add
 Remove

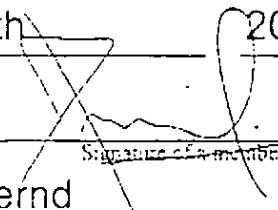
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

29000 271955

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 13th 2024



Signature of a member or authorized representative of a member
Daniel Bernd

Typed or printed name of signer

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TALLAHASSEE, FLORIDA