L25000211788

(Requestor's Name)	
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(Business Entity Name)	
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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

MAISON MIAMI 1 LLC

PLEASE RETURN A STAMPED COPY

CHECK: # 10056 AMOUNT: \$25.00

THANK YOU!

COVER LETTER

TO: Registration Se Division of Cor			
	MIAMI 1 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Name of Person	
	CARLOS GARCIA PA		
		Firm/Company	
	500 SOUTH DIXIE HWY	SUITE 202	
		Address	
	CORAL GABLES, FL 33	146	,
		City/State and Zip Code	
	CARLOS@CGPALAW.CO		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
CARLOS GARCIA		305 7792479 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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LE REMARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L25000211788 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 contain 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 addresson 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 , 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 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	IKER D. HARO PITTALUGA	2 GROVE ISLE DR. #604	
		MIAMI FL 33133	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of fili k does not meet the applicable statutor	(optioning or more than 90 days after firey filing requirements, this c	ling.) Pursuant to 605.0207 (3
e record specifies a delayed effective rd is filed.	late, but not an effective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after the
JULY 29	2025	,	
Deep JULY 29	···	·	
Dated		//	