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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEOPOLD KORN & LECPOLD, P.A.

Account Number : I20010000025

: (786)899-2235

. : (305)935-9042 Fax Number

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

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here:	9
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City	Zip Code
	ability company," the designation "LLC office address on our record tere: Enter Florida street address., Florida street address.

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 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	Carlos Suitan	c/o 20801 Biscayne Blvd., #501			
		Aventura, FL 33180	■ Remove		
			□ Change		
MGR	Jordana Sultan	c/o 20801 Biscayne Blvd., #501			
		Aventura, FL 33180	☐ Remove		
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unnered consolitor	a delayed ef er the record	ffective dat I is filed.	e, but not a	n effective	time, at :	12:01 a.m. o	on the ea	irlier o
The 90th day aft								
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