LAZARUS CORPORATE

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR CLICK USA LLC

Certificate of Status	0
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DEC - 8 2021

S. PRATHER

	T	RGANIZATION ME A
MR CLICK USA LLC (Name of the Limited Line) (A F The Articles of Organization for this Limited Liabil Florida document number L21000283483 This amendment is submitted to amend the following	ity Company 	ny as it now appears on our records. ORD ORD ORD ORD ORD ORD ORD OR
A. If amending name, enter the new name of the	limited liab	ility company here:
The new name must be distinguishable and contain the words	"Limited Liabii	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: :	12600 NW 25TH STREET
(Principal office address MUST BE A STREET ADDRESS)	DDRESS)	SUITE 107 MIAMI, FL 33182
Enter new mailing address, if applicable:	ı,	12600 NW 25TH STREET SUITE 107
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	MIAMI, FL 33182
agent and/or the new registered office address h	stered office erc: DAVID HASE	address on our records, enter the name of the new registered
New Registered Office Address:	12600 NW 25TH STREET, SUITE 107	

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.

City

MIAMI

Enter Florida street address

_, Florida 33182 Zip Code

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>	Name	Address	Type of Action
MGR	DAVID HASBUN	12600 NW 25TH STREET	
		SUITE 107	Cin
	·	MIAMI, FL 33182	
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iffective date, if other than the date of an effective date is listed, the date must be bother. If the date inserted in this block locument's effective date on the Department.	e specific and cannot be prior to date	of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
record specifies a delayed effective d d is filed.	late, but not an effective time, at	12:01 a.m. on the earlier o	₹.
December 2	2021		2021 DEC -7 SECHETARY VLLAHASSEI
			SS
<del></del>	gnature of a member or authorized?	epresentative of a member	——————————————————————————————————————
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