Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002793083)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 GENERAL PARTNER LLC



Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL PARTNER LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000325303	ere filed on 07/16/21	_ and assigned
This amendment is submitted to amend the following:		2021 SEC
A. If amending name, enter the new name of the limited liabilit	ty company here:	7121 JUL 21 8ECARÁSS
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation" L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> 開発 ぬ </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name o	of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	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>	Name	Address	Type of Action
AMBR	HERNAN ARIEL GONZALEZ MATEO	7901 4TH ST N STE 5263	□ Add
		ST. PETERSBURG, FL 33702	🄀 Remove
			□Change
AMBR	HERNAN ARIEL GONZALEZ	7901 4TH ST N STE 5263	(XAdd
- "		ST. PETERSBURG, FL 33702	□Remove
		<u></u>	□Change
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			□Remove
			□Change

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