Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALYCON 713 ENTERPRISES, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALYCON 713 EN	TERPRISES, LLC_		· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears (n our records.)		
(A Fig. 10a timiled D				
The Articles of Organization for this Limited Liability Company	were filed on	08/11/2021	and assi	gned
Florida document number <u>L21000361304</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
_				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the	abbreviation "L.	J.C.
		A CIRCLE, STE 11		
Enter new principal offices address, if applicable:	CORAL GABLES, FL 33134			
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLE,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	355 ALHAMBI	RA CIRCLE, STE 11	100	
	CORAL GABLE	S, FL 33134		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office	address on our re	cords, enter the	ame of the ne	w registered
B. If amending the registered agent and/or registered office address here:	2001010 011 022 1	,	75	
agent and/or the new registered office agent			SEP	
			6 ·	<u> </u>
Name of New Registered Agent:			ुः ज	ודו
New Registered Office Address:			<u> </u>	
New Registered VIIII	Enter Flor	ida street address	0 to 00	
		, Florida	27	
·	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.

09/15/2021: 17:20 3052201440 LAZARUS CORPORATE PAGE 03/04

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
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Effective date, if other than the dat	e of filing:	(0	ptional)	nt to 605.02
f an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be prior to date does not meet the applicable s	tatutory filing requirements,	this date will not	be listed
document's effective date on the Depar	tment of State's records.			
record specifies a delayed effective da	ite, but not an effective time, a	t 12:01 a.m. on the earlier of	f. (b) The 90th (c)	iay after th
d is filed.			2021 SEP	
Dated <u>September 3</u>	<u>2021</u> .		15	FILED
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