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Division of Corporations Electronic Filing Cover Sheet

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.

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| To: | Division of Corporations Fax Number : (850)617-6383 | EE FI ORI | AM IO: | (T |
| From: | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 | 는 기 : : : : : : : : : : : : : : : : : : : | 52 2018 | TO |
| | er the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: | Future Of Co. | 2018 MAY 16 P | |
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PAGE 02/04

ARTICLES OF AMENDMENT $\mathbb{C}_{\mathbb{Z}}$

ARTICLES OF ORGANIZATION OF

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| (Name of the Limited Limbility Com (A Florida Limite | many as it now appears on our records.) | |
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| (A Floring Limite | of Linbility Company) | |
| he Articles of Organization for this Limited Liability Compan | лу were filed on | and assigned |
| lorida document number L12000106173 | •• | _ |
| This amendment is submitted to amend the following: | | |
| L. If amending name, enter the new name of the limited He | ability company here: | |
| N/A | | |
| he new name must be distinguishable and contain the words "Limited Lin | ibility Company," the designation "LLC" or the | abbrevistion "L.L. |
| Enter new principal offices address, if applicable: | N/A | |
| Principal office address MUST BE A STREET ADDRESS) | | A A |
| | | SS 144 9 I |
| • | | |
| Enter new mailing address, if applicable: | N/A | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | RV - | <u> </u> |
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| . If amonding the registered agent and/or registered egistered agent and/or the new registered office address he Name of New Registered Agent: Name of New Registered Agent: | | er the pame of the |
| New Registered Office Address: | | |
| New Registered Office Address: | P." D. L.ONIED an ele pilonico. | |
| New Registered Office Address: | , Florida | Zip Code |

Page 1 of 3

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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 H18000152740

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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| MGRM | GIRISH MIRPURI | 1071 S. CLARKE RD. | |
| | | OCOEE, FLORIDA 34761 | 🗀 Remove |
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Page 2 of 3

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E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutor, alling requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ____ MAY 15

2018

GIRISH MIRPURI

Typed or printed name of signifi-

Page 3 of 3

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