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5 To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : R&P ACCOUNTING AND TAXES INC Account Number : 120170000090 : (305)358-1310 Phone : (305)503-6701 Fax Number IJΊ **Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: _ Clrod 8723P

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHEWE		
(Name of the Limited Liability C (A Florida Lii	ompany as it now appears on our re- nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000007326</u>	pany were filed on 01/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	i liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(S)	1. 22
(Principal office address MUST BE A STREET ADDRES	<u></u>	2 1
		
an an ar areas		, o
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:	ed office address on our recess here:	ords, enter the name of the ne
New Registered Office Address:		
	Enter Florida street addr e ss	
		, Florida Zip Code
	City	Edy Com
New Registered Agent's Signature, if changing Registered A	<u>cent:</u>	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	ptete perjormance of my date. It as provided for in Chapter 6	05, F.S. Or, if this document is
	If Changing Registered Agent, Signa	ture 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
AMBR	JOSE LUIS TRUJILLO	1412 NW 6th AVE	
			□ Add
		FORT LAUDERDALE, FL 33111	
			□ Keinove
			■ Change
AMBR	NICOLAS ANDRES DUQUE POSADA	1412 NW 6th AVE	5
		FORT LAUDERDALE, FL 33111	Add
		PORT ENDBERDADE, FL 33111	□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than the: If the date inserted in this block does not meet the applicable statutory filing require ument's effective date on the Department of State's records.	90 days after filing.) Pursuant to 605, ements, this date will not be liste
	t 12-01 a.m. on the earlie
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	in 12.01 b.m. on the come
08/20 2019	
ed	
Signature of a member or authorized representative of a mer	wher

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