Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TORRES & VADILLO, LLP

Account Number : I20150000038 Phone : (305)485-9700

Fax Number : (305)436-0191

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10831110		
(<u>Name of the Limited E</u> (A F	iability Company as it now appears on our records.) forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.19000134110		and assigned
This amendment is submitted to amend the following	ng:	2020 Sercia
A. If amending name, enter the new name of the	e limited liability company here:	2020 FEB 2 1
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	·
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, entered address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
-	, Florida	Zio Code
	c tiy	Lip 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 Changing Registered Agent, Signature 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
MGR	VILA, JOHAN	3601 NE 207 ST	Add
		Suite 1102	■ Remove
		AVENTURA, FL 33180	□ Change
			D Add
			Restate Change
			Adds Remove
			□ Change
			D Add
			Remove
			☐ Change
			O Add
			□ Remove
			☐ Change
			D Add
			Remove
			□ Change

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ocument's effective date on the Department of State's records.	(optional) I days after filing.) Pursuant to 605.02 nents, this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier
ated FEBRUARY 18 , 2020	
Signature of a terms or authorized rupos matrice of a mem	×7

Page 3 of 3

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