12/19/22, 10:36 AM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL CURE GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL CURE GROUP L				
(Name of the Limited	Liability Company as Florida Limited Liabili	it now appears on our ly Company)	records.)	<del></del>
The Articles of Organization for this Limited Liab Florida document number L22000264260	ility Company were	filed on JUNE 9, 20	022	_ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability	company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Co	ompany," the designatio	n "LLC" or the abbro	rviation "L.L.C."
Enter new principal offices address, if applicable	le:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	<u> (DDRESS)</u>		·	2022 DEC
			: :	
Enter new mailing address, if applicable:	-		·	e e e
(Mailing address MAY BE A POST OFFICE BO	<u></u>			PH 2:
			- 1	77 0
B. If amending the registered agent and/or regi	stered office addre	ess on our records.	enter the name of	fri 🗲 of the new registered
agent and/or the new registered office address h				
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street		
		rmer ragraasireei		
-		·nv	Florida	Zip Code
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the region of this change in the change in the change in the region of this change in the change	gent and agree to and complete perfo ed agent as provi istered office addi	rmance of my dut. led for in Chapter	ies, and Lam fan 605, F.S. Or, if	niliar with and this document is
	If Changing	<del>legistered Agent, <u>Sign</u></del>	nture of New Regist	ered 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

Τо

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	INVERSIONES CURE CORREA!	CARRERA 46 NO. 84-29.	□Add
		BARRANQUILLA, AT 08000-4 CO	■Remove
			□Change
MGR	Frank Carlos Cure Perez	500 BRICKELL AVE.	<b>=</b> Add
		MIAMI, FL 33131	□Remove
MGR	Salomon Cure Correa	500 BRICKELL AVE.	<b>=</b> Add
		MIAMI , FL 33131	□ Remove
			□Add
			□Remove
			□ Change
<del></del>			🗀 Add
			DRemove
			□Change
<del></del>			□Add
		-	□Remove
((H32000425	5351 3)))		□ Change

		(((H22000425351 3)))
D. If amending any other information,	enter change(s) here: ///ttach/a	dditional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·	
	-	
		<del> </del>
E. Effective date, if other than the date iff an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departr	oes not meet the applicable statutory	(optional) cor more than 90 days after filing.) Pursuant to 605,0207 (3)(b) filing requirements, this date will not be listed as the
If the record specifies a delayed effective date record is filed	, but not an effective time, at 12 (11)	a moon the earlier of (b). The 90th day after the
Dated DECEMBER 16	2022	
Sahdacia		
Signa	dure of a member or authorized represen	tative of a member
ISABELA CURE		
	Typed or printed name of sign	nee

2022-12-19 10:39:52 EST

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From: Shelley Dunkelberger

(c(H22000425351/3)))

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