

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		
From:			
	Account Name : LAZARUS CORPORATE FI	LING SERVICE, :	INC.
	Account Number : I2000000019		
	Phone : (305)552-5973		
	Fax Number : (305)675-5944		
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AUG 15 2019

3052201440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ciberty Paiting Name of the Limited Limbility C	impany as it now appears on outled Liability Company)	r records.
The Articles of Organization for this Limited Liability Comp Florida document number 10600034808	any were filed on 04 0	4 20:06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designar	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	
		5
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	e; odáress
	Chry	, Florida
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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 agant 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 Arent

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 = Munager AMBR = Authorized Member

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Litte	<u>Name</u>	Address	Type of Action
AMBR	Youl Evin	10933SW 226Terrence	XAdd
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			2019			

Signature of a member or authorized requestion to of a spember

JORGE ESCUE A
Typed or printed name of signee