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Tu:	: Division of Corporations Fax Number : (850)617-6383		19 HAY 1	¬r:;
Fro	om: Account Name : LAZARUS CORPORATE FILING Account Number : I288880000019 Phone : (305)552-5973 Fax Number : (305)675-5944	SERVICE, INC	 16 AHTT: 20	JUED JUNE

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

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUPO DE BIASE, LLC

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TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Liability Company)	a on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on 03/	13/2018 and assigne	d
Florida document number L09000015465	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following	owing		
A. If amending name, enter the new name of	(the limited liability company he	2019	
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	exignation "LLC" or the abbreviation "LTLT."	<u></u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STRE)	T ADDRESS)		
Enter new mailing address, if applicable:		1: 20	
(Mailing address MAY BE A POST OFFICE	BOX		
B. If amending the registered agent and registered agent and/or the new registered of		o our records, enter the name of	the new
Name of New Registered Agent:	DE BIASE, FABRIZIO		
New Registered Office Address:	10842 NW 53 RD LN		
	Enter Flo	rnda street address	
	DORAL, FL	, Floreda 33178	
	Cin	Zip 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

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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

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Title	Name DE BIASE, ROBERTO	<u>Address</u> 10842 NW 53 RD LN OORAL.	Type of Action
AMBR		FL 33178	Add
			Remove
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t 2019 05.02PM HP Fax amending any other information, enter change(s) here:	iAttach udditional sharts if you	pecana)
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05/15/2018		
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fun effective date is fisted, the date must be specific and cannot be prive Note: If the date inserted in this block does not meet the applica	o date of filing or more than 40 days and ble statusory tiling requirements, th	er filing.) Phramms to 803.020 tis date will not be listed a
document's effective date on the Department of State's records.		
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ne record specifies a delayed effective date, but no The 90th day after the record is filed.	an enective time, at 12:01	a.m. on the earner t
Dated MAY 14 2019		
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Signature of a member or author	rized representative of a member	

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