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1-305-503-9351

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Elorida Departmento of State Division of Corporations Electronic Efficie Coversheet

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HASSEE, FÉORIÓA

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| ANVIC LLC | | | |
|---|--|--|---|
| {Name of the Limite | d Liability Compa A Florida Limited | inv as it now annears on our r Liability Company) | ecords.) |
| The Articles of Organization for this Limited Lia Florida document number L09000018334 | ability Company | were filed on February 23 | 2009 and assigned |
| This amendment is submitted to amend the following | wing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company bere: | |
| N/A | | | |
| The new name must be distinguishable and contain the wo Enter new principal offices address, if applica | | N/A | 021 / SEC: |
| (Principal office address MUST BE A STREET | | | 11 UG 1 |
| Enter new mailing address, if applicable: | | N/A | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u></u> |
| B. If amending the registered agent and/or reagent and/or the new registered office address | | address on our records, g | nter the name of the new registered |
| Name of New Registered Agent: | OTTO F GOMEZ J | | |
| New Registered Office Address: | 3393 W 90TH | ST Fater Florido street | uhbers |
| | HIALEAH Florida 33018 | | Florida 33018 |
| | | City | , Florida 33018 Zip Code |
| New Registered Agent's Signature, if changing R | egistered Agent: | <u>t</u> | |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of | r and complete tered agent as egistered office | performance of my duti provided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is |

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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 | <u>Name</u> | Address | Type of Action |
|-------|----------------|---------------------------|----------------|
| AMBR | OTTO F GOMEZ J | 3393 W 90TII ST | = Add |
| | | HIALEAH, FL 33018 | □Remove |
| | | | C'hange |
| AMBR | AIDA LLOPIS | 10800 NW 21ST ST, STE 130 | □ Add |
| | | MIAMI FL 33172 | ■Remove |
| | | | Change |
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| Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be protect. If the date inserted in this block does not meet the applicument's effective date on the Department of State's record | licable statutory f | or more than 90 days | optional) safter filing.) Pu s, this date wil | irsuant to 60 I not be li | 05.020 sted a |
| record specifies a delayed effective date, but not an effective is filed. | : time, at 12:01 a. | m, on the earlier (| of: (b) The 9 | 0th day af | ter the |
| ated 08/18/2021 | PAG | 25. | | | |
| Signature by whember or au | - Jew | tive of a member | | | |