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Account Number : 120230000119 Phone : (305)932-2000 Fax Number : (305)932-6585

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FAX AUDIT NUMBER: H23000284443 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our rec liability Company)	ards.)	
The Articles of Organization for this Limited Li Florida document number 1,10000049311	ability Company	were filed on May 6, 2010	ano	d assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited ligh	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "I	LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3615 NW 2ND AVENUE		
		MIAMI, FL 33127		
				
Enter new mailing address, if applicable:		3615 NW 2ND AVENUE		25
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33127		ü
B. If amending the registered agent and/or	registered office	address on our records, en	Mer the name of th)
agent and/or the new registered office addre	ss here:		tier the tigine of th	Ži.
Name of New Registered Agent:	Spencer Kram	er	- · ·	
New Registered Office Address:	3615 NW 2ND	AVENUE		
		Enter Florida street ad	dd) ess	
	MIAMI		, Florida <u>33127</u>	
		Cuy:	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

<u> Fitle</u>	Name	Address	Type of Action
			Change
	·		
			□Reinove
			□Change
			□Add
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	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective of (if an effective Note: if the document)	tate, if other than the date of filing: e due is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
the record sp cord is fited.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 17 , 3023.
	Signature of a member or authorized representative of a member
	William Rosenfeld, Manager WILLIAM KUSENFELD