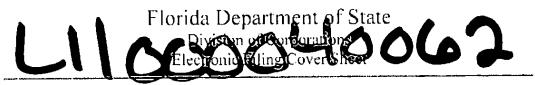
From: TAXLEAF.COM CONTADORMIAMI.COM

5/3/22, 3:07 PM

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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<u>a</u>.

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

\*\*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 ILALDA LLC

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Estimated Charge	\$25.00

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To: +18506176383

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## - ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	ILALDA LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears ( imited Liability Company)	on our records.)	•	
The Articles of Organization for this Limited Liability Con Florida document numberL11000040062	mpany were filed on	04/04/2011 .	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limits	ed liability company hero	2:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."	•
Enter new principal offices uddress, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	rords, enter the name	of the new register	APP FI
Name of New Registered Agent:				트등 교육의
New Registered Office Address:	Enter Florid	la street address	PM 2:	) )
		, Florida	17	
,	City		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

1122000160256.3

## 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

To: +18506176383

Title	Name	Address	Type of Action
AMBR	COSTALLAT, DANIEL	1707 E HALLANDALE BEACH	DAdd
		HALLANDALE BEACH, FL 33009	
AMBR	CORDOBA, ILIANA MIRIAM	1707 E HALLANDALE BEACH	🖸 Add
		HALLANDALE BEACH, FL 33009	<b>☑</b> Remove
			DChange
MGR	ILALDA LLC	1707 E HALLANDALE BEACH	
	•	HALLANDALE BEACH, FL 33009	Remove
			☐ Change
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·			□Remove
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			□Rcmove
			Change

From: TAXLEAF.COM CONTADORMIAMI.COM

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ctive date. effective date	, if other than the date e is listed, the date must be sp	of filing: secific and cannot be prior to date of file	(optional) ing or more than 90 days after filing.) Pursuant to 60
e: If the da	ite inserted in this block decrive date on the Departs	oes not meet the applicable statute	ry filing requirements, this date will not be list
	,		
ord specific	es a delayed effective date	e, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after
filed.			
. 4	APRIL 20	2022	
:d b:	<u>,</u>		