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To:

Division of Corporations

Fax Number 🕆

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC -

Account Number : 120170000090 Phone : (305)358-1310

Fax Number : (305)503-6701

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

email Address: a nood 8728@ Gmzil. Com

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From: Andres Rodriguez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021-05-11 19:56:00 GMT

•	2H2MS LLO	<b>C</b>			
(Name of the Limited Lia (A Flo	bility Compan orda Limited Li	y at it now appears ability Company)	en our records.)		· <del></del>
The Articles of Organization for this Limited Liabilit	y Company v	were filed on $\frac{03/2}{1}$	6/2012	ar	nd assigned
Florida document number L12000042118	<del></del> ' .		• • • • • • • • • • • • • • • • • • • •		
This amendment is submitted to amend the following	; ·		•		•
A. If amending name, enter the new name of the l	limited liabil	ity company her	<u>re</u> ;		
The new name must be distinguishable and contain the words "	Limited Liabilit	ty Company," the de	ignation "LLC" or	he abbreviau	on "L L,C,"
Enter new principal offices address, if applicable:	•				
(Principal office address MUST BE A STREET AD	DRESS)	* .			
	• • •				
Enter new mailing address, if applicable:	•				
(Mailing address MAY BE A POST OFFICE BOX)	1				
			-	, , , , , , , , , , , , , , , , , , ,	2
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ddress on our re	cords, enter the	name of th	e new regist
Name of Nam Bagistered A conti					1 - I
Name of New Registered Agent:				5	<b>2</b> 6
New Registered Office Address:	,	Enter Florid	la street address Florid		
<del>.</del>		City	, Florid		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.

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13055036701

<u>Title</u>	Name	Address	Type of Action
MGRM	HECTOR H SANGUINETTI	10251 W.SAMPLE RD SUITE D	□A₫d
		CORAL SPRINGS, FL 33065	Remove
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			(_] Add
			□Remove
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Page: 9 of 5

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ffective date is listed, the date. If the date inserted in thi	must be specific and cannot be is block does not meet the a be Department of State's rec	pplicable statutory	or more than 90 d filing requireme	ays after filing.) Pur	suant to 603 not be list
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ird specifies a delayed effe iled:	ctive date, but not an effecti	ive time, at 12:01 a	m. on the earlie	rof:(b) The 90	ih day after
MAY II	2021				
1 1			••	•	•
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7	Would Signature of a member or	$\leq$			