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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Numbor : 120000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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Email Address: 10 FOC Serhenkuifirm. wm

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROMISING TARGET LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
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PROMISING TARGET LLC		三里
(Name of the Limited Liabil	lity Company as it now appears on our records.)  In Limited Liability Company)	—— 2 %
(A Florid	da Limited Elability Company)	12 NON 12
The Articles of Organization for this Limited Liability (	Company were filed on 03/19/2013	and assign
Florida document number <u>L13000041322</u>		
Florida document flumber	<del></del> ·	
This amendment is submitted to amend the following:		<b>م</b> ـــ
A. If amending name, enter the new name of the lim	aited liability company here:	
A. If amending name, enter the new traine or the min	arred dability company nere.	
The new name must be distinguishable and end with the words "L	imited Liability Company "she designation "LLC" or the obj	revistion "i. I. C."
the new name must be distinguishable and can with the words. L.	minited blability Company, the designation CCC of the abo	Heviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or regis	stered office address on our records, enter the	ne name of the new
registered agent and/or the new registered office add		
Name of New Registered Agent:		
N P : 100°		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	Exp 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Emesto Enrique Van Der Kooy	2875 NE 191st Street, Suite 801	<b>⊟</b> Add
		Aventura, FL 33180	□ Remove
MGR	Ana Maria Lascalea	2875 NE 191st Street, Suite 801	 ■ Add
		Aventura, FL 33180	□ Remove
			— _□ Add
			_□ Remove
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he effecti he date th	ve date must be specific,	cannot be prior t he Florida Depart ) -	o date of receipt or fil tment of State)		e more than 90 days after	
he effecti the date th	ve date must be specific, is document is filed by th	cannot be prior the Florida Depart	o date of receipt or fil tment of State)  2021  Ma member or author	ized representative	e more than 90 days after	•••

Page 3 of 3

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