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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC Account Number : I20200000189

Phone

: (305)774-2945

Fax Number

: (305)774-1504

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

Email	Address:					
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-		City		Zip Cod		
		•	. Florida			
New Registered Office Address:		Enter Florida stre	et oddress			
Name of New Registered Agent:				<u> </u>	<u></u>	
Name of Nam Bogintural Again				9	=	<u></u>
agent and/or the new registered office address h	<u>ere</u> ;				ř	ļ í
B. If amending the registered agent and/or regis	stered office add	ress on our record:	s, enter the name	of the n		
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				251 251	A	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			7750 7750 7750	2021	
Enter new mailing address, if applicable:						
(Principal office address MUST BE A STREET A	 10086281					_
Enter new principal offices address, if applicabl		, .				
The new name must be distinguishable and contain the word-	s "Limited Liability (lompany," the designat	on "LLC" or the abbi	eviation"	L.L.C."	
A. If amending name, enter the new name of th	e limited liability	company here:				
This amendment is submitted to amend the followi	ng:					
Florida document number L13000074351	- -					
The Articles of Organization for this Limited Liabi	lity Company we	re filed on 03/21/20		and a	ssigne	1
(V)	Florida Limited Liab	is it now appears on or dity Company)	d (CONTRAL)			

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.

From: Leticia Sosa

Fax: 13057742945

To: FDS (Division of Corp)

Fax: (850) 617-6383

Page: 3 of 4

08/26/2021 5:29 PM

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>Title</u>	Name	Address	Type of Action
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Note: If the date inserted in this blox document's effective date on the Dep	ik does not me	et the applicab	de statutory fi	ing requireme	nts, this date	: Will	not be in	st e d as
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Outed	<u></u>	2021	<u>.</u> •					
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Typed or printed name of signee