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Fax: Number: 1.1.1.1(850)617-6383

se de la regional de Account Name : NEW START BUSINESS SOLUTIONS INC

the Account Number 120130000079

Fax Number : (866)767-7835

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

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CFI

Fax: (866) 767-7835 From: Hector Rodriguez

To: Sunbiz LLC

Fay: (850) 617-6383

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

(((H17000316149 3)))

(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	Company)	records.)
The Articles of Organization for this Limited L Florida document number L13000111461	iability Company were i	filed on	and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	pany," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			- Commence
Enter new mailing address, if applicable:		i, ·	
Mailing address MAY BE A POST OFFICE	BOX)		
	<u></u>		CA CA
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our r	ecords, enter the name of the n
Name of New Registered Agent:	KITT-CHANCE MAI	RCELLUS	
New Registered Office Address:	e Address: 739 WASHINGTON AVE		
	• •	Enter Florida stree	i address
	MIAMI REACH	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, Florida
	C	ity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

Kitt-Chance Maralles

If Changing Registered Agent, Signature of New Registered Agent

To: Sunbiz LLC

Fax: (850) 617-6383

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 (((H170003161493)))

<u>Title</u>	Name	Address	Type of Action
MGR	JOAN POLSKY	739 WASHINGTON AVENUE	
		MIAMI BEACH, FL 33139	■ Remove
		739 WASHINGTON AVE	☐ Change
AMBR	KITT-CHANCE MARCELLUS	MIAMI BEACFI, FL 33139	= Add
			☐ Remove
			Change
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, ,	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H(70001493)))
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ated }	
	Katt-Chance Marellus Signature of a member or authorized representative of a member
	KITT-CHANCE MARCELLUS
	Page 3 of 3
	Page 3 of 3
:	Filing Fee: \$25.00