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	gistration Sect ision of Corpo			
CUBIECT.	ARTECH CN			
SUBJECT:			ited Liability Company	<u>.</u>
		mendment and fee(s) are sub-	-	
		Ileana Noa		
			Name of Person	
		Concorde Land Title Servi	ces, Inc.	
			Firm/Company	
		134 South Dixie Highway.	Suite 100	
			Address	
		Hallandale Beach, FL 3300	99	
			City/State and Zip Code	
		inoa@concordelts.com	to be used for future annual report notifical	
			·	ion)
For further in	nformation con	cerning this matter, please ca	all:	
Heana Noa			305 356-8403 at ()	
	Name of F	Person	Area Code Daytime To	clephone Number 772
Enclosed is a	a check for the	following amount:		-6
■ \$25.00 E	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee; Certificate of Status & = Certified Copy of (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 026666E2-C042-4C81-89A6-5331C6ECF678 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTECH CN 342 LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{100}$	3/08/2013 and assigned
Florida document number L13000112096	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************
(Principal office address MUST BE A STREET ADDRESS)	
	2021 : \$16 FA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5
	6
	70
B. If amending the registered agent and/or registered office address on our r	records, enter the name of the new regis
agent and/or the new registered office address here:	ω
Name of New Registered Agent:	
New Registered Office Address:	
	rida street address
	. Florida

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

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In amenuing Authorized rerson(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>	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO NICOLI	2950 NE 188 STREET, #342	= Add
		AVENTURA, FL 33180	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊕ Change
			□Remove 0
		* * * * * * * * * * * * * * * * * * * *	⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃ ⊃
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record specifies a delayed effective date, but not an efficied.	ffective time	e, at 12:0i	a.m. on the	earlier of: (b)	The 90th o	lay after the
Novembere 19 20:	21	, ·				
DocuSigned by:						
B9203BE67161469 Signature of a memb	er or authoriz	zed represer	itative of a m	ember		