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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Phone : (305)670-1991

Fax Number

: (305)670-1993

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ARTICLES OF AMENDMENT ______, TO

ARTICLES OF ORGANIZATION

SANADCYMA, LLC	a i i a litta Come	ar It have appears on our reports	·
(Name of the Little	(A Florida Limited	onny as It now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Li Florida document number 1.13000137759		y were filed on 09/30/2013	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
The new name must be distinguishable and contain the w	vords "Limited Lia		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1800 SW IST AVE SUITE 403	
		MIAMI FL, 33129	
		1800 SW 1ST AVE SUITE 403	
Enter new mailing address, if applicable:			
		MIANUEL 2212D	
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI FL, 33129	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	MIAMI FL, 33129	
B. If amending the registered agent and/or i	registered offic		he name of the new registere
B. If amending the registered agent and/or ingent and/or the new registered office addre	registered offic	e address on our records, <u>enter t</u>	he name of the new registere
B. If amending the registered agent and/or and/or agent and/or the new registered office addre	registered offices ss here: DEBORAH	e address on our records, <u>enter t</u> ACOBSON	he name of the new registere
B. If amending the registered agent and/or ingent and/or the new registered office addre	registered offices ss here: DEBORAH	e address on our records, <u>enter t</u>	
B. If amending the registered agent and/or and/or agent and/or the new registered office addre	registered offices ss here: DEBORAH	e address on our records, <u>enter t</u> ACOBSON FAVE SUITE 403 Enter Florida street address	
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offices here: DEBORAH I 1800 SW 15	e address on our records, <u>enter t</u> ACOBSON TAVE SUITE 403	
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offices ss here: DEBORAH I 1800 SW IST	ACOBSON FAVE SUITE 403 Enter Florida street address City	rida _33129

om: Paola Sanchez

Fax: 16136585039

To:

Fax: (850) 617-6383

Page: 4 of 5

06/23/2020 11:27 AM

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		2020 JU., 23 ATT 10: 5	i <i>5</i>
<u>Title</u>	Name	Address	Type of Action
MGR	DEBORAH JACOBSON	1800 SW 1ST AVE SUITE 403	□Add
		MIAMI FL, 33129	□Remove
			□Remove
			Change
			Add
		[]]Remove	
			Change
			□ Aċd
		Remove	
			□Change
			□Add
		□ Remove	
			Change
			(TAdd
		CRemove	
			□ Change

Page: 5 of 5

JACOBSON, DEBURAH

To:

te of a member or authorized representative of a member

Typed or printed name of signee