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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC Account Number : I2006000012 Phone : (305)826-5886 Fax Number : (305)722-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\* <u>ि</u>नमं

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGUIT PROPERTIES LLC

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MAGUIT PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/25/202013}{11/25/202013}$  and assigned Florida document number  $\frac{L13000164812}{L13000164812}$ 

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

•		City	, Florida Zip Code	
	New Registered Office Address:	Enter Florida stree	t address	
	Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		~

### 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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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

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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LAZOFF MAGUITMAN, FLORE	7730 NW 42ND STREET	D Add
		DAVIE, FL 33024	Remove
		w	Change
MGR.	LAZOFF, JOSE	7730 NW 42ND STREET	🖬 Add
	,	DAVIE, FL 33024	[] Remove
• •			Change
MGR	BERREBI, LEILA	7730 NW 42ND STREET	🖸 Add
•		DAVIE, FL 33024	Remove
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D. If amending any other information, enter change(s) here: (Altach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and emont he prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 13	2015
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ure of a member or authorized representative of a member

FLORENCIA A LAZZOF MAGUITMAN

Typed or printed name of signee

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