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Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944		rax Number	; (850)617-6383	
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	From:			
Phone : (305)552-5973 Fax Number : (305)675-5944		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Fl	orida	
New Registered Office Address:	Enter Florid	da street addres	a	
Name of New Registered Agent:				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on nere:	our record	s, enter the name of	the new
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:				
C THE GOLD OF THE BURNESS MUST BE A STREET ADDRESS				
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADDRESS</i>				
	addincy Company, the de	signation CL	or the abbreviation "L.L.C	."
The new name must be distinguishable and contain the words "Limited Li	ighility Company " the de	oinmario u til f d	7P	
A. If amending name, enter the new game of the limited is	iability company he	<u>re</u> :		
This amendment is submitted to amend the following:				
The Articles of Organization for this Limited Liability Compared Florida document number 14 000 51723	any were filed on	3/3	1/1-(_and assign	ied
Name of the Limited Liability Co. (A Florida Limit	PGINTI mpany as it now appear ted Liability Company)	ng	LLC.	¥ ,

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

Page 1 of 3

If smenting Arthorized Person(s) authorized to manage, enter the title, hance and addies of each person being added ge removed from our records:

MGR = Man AMBR = Aut	irger herbed Wember		
<u>Tule</u>	Name .	Address	Type of Action
Med.	Humberto Del Ric	4534 SW 144612	
		Mani 9 3315	Eemovo
			III Change
MOIL	Gilberto Du Rio	4536 3W144 AUR.	M Add
		Miani FL 33115	□ Remove
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (5). The 90th day after the record is filed.

Signature of a member or a СĢ

Page 3 of 3

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