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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on ou	ir records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number 14000000007	ny were filed on <u>04 – 0</u> 236	(o - 4) and assigned	
This amendment is submitted to amend the following:		• •	
A. If amending name, enter the new name of the limited lis	ability company here:	•	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	The second secon	
Enter new mailing address, if applicable:		SSE G TO	
(Mailing address MAY BE A POST OFFICE BOX)	· · ·	PRO OT	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
		. Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:	-	

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 2

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Title <u>Name</u> Address Type of Action AMBR Redro Fernandez Arbal X Remove Remove □Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee

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