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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future

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03/10/2017 12:31 7852505792		GLURI INVESTMENT	PAGE 82/0	7
<u>1</u>		AMENDMENT O	H170000676	6
AR	FICLES OF (RGANIZATION		
HISPANICBIZZ ADVERTISIN				
(Name of the Lin	A Florida Limited	ny as it over annears on our re- lability Company)	ords)	
The Articles of Organization for this Limited			antheasigned	
Florida document number L14000124958				
This amendment is submitted to amend the fo	llowing;			
A. If amending name, enter the new name	of the limited liab	ility company here:	24 TE	
N/A			τα,	(/ y
The new mone must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LC" or the abbraviation "L.L.C."	
Eater new principal offices address, if applicable:		11873 SW 152 CT	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33196		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11873 SW 152 CT		
		MIAMI, FL 33196		
		£1	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFIC) B. If amending the registered agent an registered agent and/or the new registered	d/or registered o office address her	MIAMI, FL 33196	ords, enter the name of the new	<u>v</u>
Name of New Registered Agent:	JAIME ARANGO			
New Registered Office Address:	11873 SW 152 CT			

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.

City

MIAMI

If Changing Registered ent Signature of New Registered Anni

Enter Florida street address

Florida 33196

Zip Code

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or responded	g Authorized Person(s) authorized from our records:	to manage, <u>enter the title, name, and affires</u>	s of each person being a			
MGR = M AMBR = A	fanager authorized Member					
Title	Name	Address	Type of Action			
MGR	GINA BERRIO	6618 VIA REGINA	[] Add			
		BOCA RATON, FL 33433				
			Change			
AMBR	GOMEZ, OSCAR A	11630 N BAYSHORE DR. APT 1				
		NORTH MIAMI, FL 33181	. Renove			
			Change			
AMBR	JAIME ARANGO	11873 SW 152 CT				
		MIAMI, FL 33196	Remove			
			Change			
AMBR	ALEX LOTERO		Add			
		11221 SW 132 CT WEST	Remove			
		Miami,fl 33186	Change			
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Dat	ed MARCH, 10	2017	A			
	PATRICIA H AREL	-	r authorized representative	PR 1	F	
	· · ·		r printed name of signee			
			Page 3 of 3)
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