

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000019226 3)))



H200000192263ABCV/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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 & annual report mailings. Enter only one email address please.

| Email | Address: | • | | | | |
|-------|----------|---|--------|-----------------|---|--|
| | | | ·· | | · | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMGAP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

| Articles of Amendment to LLC Articles of Organi | ization of |
|--|--------------|
| The Articles of Organization for this Limited Liability Company were and assigned Florida document nural LIY COO 134348 This amendment is submitted to amend the following: CORRECT TAX 16: 84-4242423 | —·— — |
| | |
| | 2020 JAH /7 |
| | |
| These articles of amendment were adopted on | |
| Typed or printed name of signee New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligation. Signature of New Registered Agent, if changing | ons of the |