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Division of Corporations Fax Number : (850)617-6383

From:

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2022 21. - 3

Account Name Account Number	LAZARUS CORPORATE FILING SERVICE, INC. 120000000019
Phone Fax Number	(305)552-5973 (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.

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4/2022 15:07 -3052201440	LAZARUS CORPORATE	ΡΔ(
	OF AMENDMENT TO DF ORGANIZATION OF	
SAG PROFESSI (Name of the Limited Liability C (A Florida Lir	ONAL SERVICE, LLC ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document numberL15000002162		and assign
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	Hability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	2632 N.E. 215TH STREET	2022
(Principal office address MUST BE A STREET ADDRES	Sj MIAMI, FLORIDA 33180	AUG
	·	
		077 W

(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 33180

Enter new mailing address, if applicable:

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:

2632 N.E. 215TH STREET

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Ciry	Florida Zip Code

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

and assigned

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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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBER		2632 N.E. 215TH STREET	
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D. If amending any o	ther informatio	on, enter ch	ange(s) here	: (Attach add	itional sheere	if necessary 1		
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E. Effective date, if other (If an effective date is listed Note: If the date instance	er than the dat I, the date must be :	e of filing: specific and ca	nnot be prior to	date of filing or a	(o	ptional) after filing;) Pursu	uant to 605.0207 ((3)(6)
<u>Note:</u> If the date inser- document's effective d	ied in this plock	aocs not mee	a ine applicat	le statutory filin	ng requirements	, this date will n	ot be listed as t	he
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record is filed.								
Dated JULY 10TH,		:	2022					
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