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From:	Account Name	: BALWANT CHEEMA PA	D. O.

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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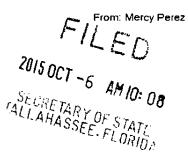
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	NAFARRO			PLORIÖ,
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	APRIL27,2015	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liabi		-	reviation 'L.L.C."
Inter new principal offices address, if appli		4160WEST167	HAVENOL	
(Principal office address MUST BE A STREET ADDRESS)		SUITE405 HIALEAILFL33012		
		IIIALEAII.FL3	5012	
Enter new mailing address, if applicable:		4160WEST16THAVENUE		
Mailing address MAY BE A POST OFFICE	BOX)	SUITE405		
		HIALEAH,FL33012		
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	BALWANTCI	<u>e</u> :		the name of the nev
New Registered Office Address:	1 4 77 11 44 44 7 8 8 11		do street address	
	HIALEAH		, Florida _330	12
		City	, 1 101 104	Zip Cock

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

E JAPAESOOOZIH

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AR	ANTONIOJCOA,CPA	3812MIRAMONTESCIRCLE	
		WELLINGTON,FL33414	■ Remove
			☐ Change
AR	DIEGOM.BENBASSAT	4160WEST16THAVENUE	Add
		SUITE405	☐ Remove
		HIALEAH,FL33012	□ Change
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	Signature of a member of a	mborized representati	ve of a member.		

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