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H230000523363ABCY

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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**LEB 10 5053** X12 27 1111 To: CORPORATE AMENDMENT

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H23000052336 3

From: TAXLEAF, COM CONTADORAMERICA.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OM	IDRA LLC				
(Name of the Limited Liability) (A Fiorida Li	Company as it now appears on our records.) insted Liability Company:	<del></del>			
The Articles of Organization for this Limited Liability Con Florida document number 1.15000076713	npany were filed on 04/30/2015	and assigned			
This amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" u: the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE.	(S.S)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		20%			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the r	ame of the new register			
Name of New Registered Agent:		-9 F			
New Registered Office Address:					
	Enter Florida street address Florida	<u></u>			
<del></del>	Cin	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### H23000052336 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANA S GIACONE LARIOS	1549 NE 123RD ST	□Add
		NORTH MIAMI, FL, 33161	Remove
			□Change
MGR	ALEJANDRO O INTROINI DUARTE	1549 NE 123RD ST	DAdd
		NORTH MIAMI, FL, 33161	≅Remove
			□Change
MGR	MASDUA ELC	1549 NE 123RD ST	<b>≣</b> Add
		NORTH MIAMI, FL. 33161	□Remove
			Change
		<del></del>	
		<del></del>	□Change
			CIRemove
			Change
			□Add
			ElChange

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ffective date, if other than the date an effective date is listed, the date must be ote: It the date inserted in this blococument's effective date on the Department.	e specific and cannot be pr k does not meet the app	ior to date of filing or more licable statutory filing :	(optional) e than 90 days after tiling ) Pu requirements, this date wil	arsuant to 605.020 Il not be listed as
record specifies a delayed effective c is filed.	late, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the