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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: devanire @ myburs.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AF GEAR & SERVICES, LLC

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T. LEMIEUX

JUN 23 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

af gear & servic	ES, LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000117257</u>	were filed on 07/09/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3660 N₩ 126th ave, unit 8
	Coral Springs, FL 33065
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	3660 NW 126th ave, unit 8 corai spring FL 33065 Coral Springs, FL 33065 address on our records, enter the name of the new registered
Name of New Registered Agent:	PLOE TATE
New Registered Office Address:	Enter Florida street address
	City Tax Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ORIDA ORIDA
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my auties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ACEROS FORJADOS Y CIA LTDA	CRA 24 A 3 86 MIRAFLORES	= Add
		CALI, COLOMBIA	□Remove
			Change
			□Add
			□ Add
		□Remove	
			□ Change
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Note:	ve date, if other ective date is listed If the date insert ent's effective da	ed in this block	does not n	neet the ap	plicable stat	f filing or mor utory filing	(0) e than 90 days a requirements,	otional) fter filing.) Pu this date wil	rsuant to 605.0207 I not be listed as
e record	i specifies a dela ed.	yed effective da	te, but not	an effectiv	e time, at 1	2:01 a.m. on	the earlier of:	(b) The 90	Ith day after the
Dated _	JUNE 22		,	2022	<u></u> .				
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	 · · ·	Sign	ature of a n	nember or a	uthorized rep	resentative of	a member	·	