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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone fax Number : (305)634-3694 : (305)633-9696

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

Email	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CPA REAL ESTATE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

registered agent and/or the new registered (office address here:	
B. If amending the registered agent and		r records, enter the name of the nev
(Mulling address MAY BE A POST OFFICE	BOXO	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)	
Enter new principal offices address, if appli	enble:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new pame of	of the illustration of the company relief.	
	-	
This amendment is submitted to amend the following	owing.	
Florida document number L15000133894		
The Articles of Organization for this Limited L	iability Company were filed on 08/05/20	015 and assigned
(Name of the Limi	ted Lishility Company as it now appears on a (A Florida Limited Lashility Company)	our records.)
CPA REAL ESTATE LLC		

New Registered Arent's Signature, if changing Rapistered 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.

(QUAG MAthn If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CELINA DEL C. PADRON	10451 NW 117 AVE APT 105	□ Add
		MIAMI FL, 33178	Remové
MGR	CELINA PADRON	10451 NW 117 AVE APT 105	■ Add
		MIAMI FL, 33178	Remove
			U Change
			[] Add
			Change T
			Remove.o
Parray			□ Add
			П Remove
			C Change
			DAdd
			□ Remove
			Change

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	Rimme or a incurred of simporation letterculurance of a	member
Celina Padron		

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