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Ia:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARALEGAL WINGS LLC

Account Number : I20230000034 Phone : (786)835-3577

Fax Number : (786)551-3354

*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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)				
The Articles of Organization for this Limited L15000153714 L150000153714 L1500000153714 L15000000000000000000000000000000000000	Liability Company were filed on _	0/9/2015 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name	of the limited liability company	here:				
The new name must be distinguishable and contain the	, , ,					
Enter new principal offices address, if appli	20231					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		2 : 2 :				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or agent and/or the new registered office addr. Name of New Registered Agent:	• •					
Name of New Registered Agent.	3748 TULLY COURT					
New Registered Office Address:		loridastreet address				
	City	Florida <u></u>				
New Registered Agent's Signature, if changing		•				
· 						
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete performance o	of my duties, and I am familiar with and				

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.

Youndry Arias Chamorro
II Champing Registered Agent. Signature of New Registered Agent

DocuSign Envelope ID. 5C3FF029-8FA8-4B7A-87B4-BB1F484B3F59 reamoning Authorized rerson(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> MGR	<u>Name</u> YOANDRY ARIAS CHAMORRO	Address 3748 TULLY COURT	Type of Action
			□Add
		JACKSONVILLE, FLORIDA 32207	□Remove
			XIChange
MGR LARITZA CAN	LARITZA CAMACHO	3748 TULLY COURT	FTT 4 3.2
		JACKSONVILLE, FLORIDA 32207	
			🖾 Remove
			□Change
			☐ Add
			□Remove
			□ Change
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			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

From: Paralegal Wings

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Effective date, i	f other than the c	late of filing:	tot be prior to date	of filing or more tha	(optional) n 90 days after filing) Pursuant to 605,0207
lf an effective date i	tive date on the Dep	partment of State	s records.	atmory tiling requ	irements, this date	will not be listed as
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