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Division of Corporations

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From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291

Phone : (407)847-7466

Fax Number

: (407)847-6641

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

Email Address: taxes@sbc-cpa.com

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Page: 2 of 4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000157822	were filed on September 16, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		75 27 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		38 to
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Emer Florida street address	
	Florida	Zip Code
	City	Zip Code

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

	_		
From:	Rac	helli	Malit

Fax: 13214025194

n: Rachelli Malit Fax: 13214025194 To: Fax: (850) 517-6383 Page: 3 of 4 04/23/2021 9:31 AM

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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	Erika Siucho-Dextre	3272 Timucua Circle	■Add
		Orlando, FL 32837	☐ Remove
			□Change
MGR	Carlos A. Urrea-Farias	3272 Timucua Circle	
		Orlando, FL 32837	□Remove
			□Chango
			□ Rem oy e
			☐ Remeye ☐ Remeye
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			Change

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To:

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Fax: (850) 617-6383

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		PN 12:
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuan uirements, this date will not	nt to 605.0207 (2) be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.	e earlier of: (b) The 90th d	ay after the
Dated April 15 (Reicher)		
Signature of a member or authorized representative of a r	nember	
Erika Siucho-Dextre		