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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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ESCRETARY OF STATE

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COVER LETTER

| Divis | sion of Corpo | rations | | |
|-----------------|----------------|--|---|---|
| SUBJECT: | WARRAN | MASSIMENTS LIGHT | LEGUEV LLC | |
| | | Name of Lim | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspond | lence concerning this matter | to the following: | |
| | | INAKI SAIZARBITORIA | A, ESQ. | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | 21 S.W. 15 ROAD | SUITE 200 | |
| | | | Address | 1 |
| | | MIAMI, FLORIDA 33129 | 9 | |
| | | | City/State and Zip Code | |
| | | INAKISAI@AOL.COM | | |
| | | E-mail address: (| to be used for future annual rep | ort notification) |
| For further in: | formation con | cerning this matter, please c | all: | |
| INAKI SAIZ | ARBIRTORI | A, ESQ. | 305 at () | Daytime Telephone Number |
| | Name of P | erson | at () Area Code | Daytime Telephone Number |
| | | | | |
| Enclosed is a | check for the | following amount: | | |
| ■ \$25.00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of Status & Certified Copy (additional copy is enclosed |

MAILING ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEGUEV LLC | | |
|--|---|----------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our reco orida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on MARCH 3, 20 | and assigned |
| Florida document number L16000043582 | · | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | _ |
| Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| Princip wanters Will BB Wil GBT GITTGE BOTT | <u></u> | |
| | | |
| B. If amending the registered agent and/or re | egistered office address on our recor | rds, enter the name of the r |
| egistered agent and/or the new registered office a | | |
| | | |
| Name of New Registered Agent: | | |
| N. D.: 1005 411 | | |
| New Registered Office Address: | Enter Florida street add | ress |
| | | |
| _ | City ,] | Florida Zip Code |
| | ±\ | -7 |

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, 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

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
| MGR | MARIO DIAZ | 275 NE 18 ST. SUITE CU2A | _ _ Add |
| | | MIAMI, FLORIDA 33132 | □ Remove |
| | | | Change |
| | | _ | Add |
| | | | □ Remove |
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| | ay after the record is filed. | | | |
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| | | pull | NVW = | |
| | Signature of a member | er or authorized representative o | f a member | 71 |
| | | / MARIO DIA 7 | F. American | |
| | Tima | MARIO DIAZ | | |
| | туре | a or printed name of signee | 79 1 | > (-) |
| | | Page 3 of 3 | OF STA | 5 |
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Filing Fee: \$25.00