# Florida Department of State

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Division of Corporations

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Account Number : 120000000019

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### SUACAM GROUP, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

PAGE 02/04

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZARUS

H16000109305

SUACAM GROUP, LLC				
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our rec	ords.)		
· · · · · · · · · · · · · · · · · · ·	y ovpany,			•
The Articles of Organization for this Limited Liability Company we	re filed on	2-16	and ass	igned
Florida document number <u>L14 00 00 7 12 48</u>				
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 words "Limited Liability (	Company," the designation "	LLC" or the abbrov	ation "L,	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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		350	<u>ග</u>	
Enter new mailing address, if applicable:		<b>→</b> 784	مالہ حدال	par -
(Mailing address MAY BE A POST OFFICE BOX)		77	1	.12F25mm -148mm
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B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our reco	ords, <u>enter-the</u> 召荒		of the ne
		). 	0	
Name of New Registered Agent:				
New Registered Office Address:	E . El . I	(1		
	Enter Florida street aa	arcss		
		Y?laulda		

#### New Recistered 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

Page 1 of 3

Zip Code

3052201440

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## H16000109305

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	FEDERICO A. GOUD		
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MGR	FEDERICO A. GOUDIE		<b>≅</b> A₫U
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Filing Fee: \$25.00