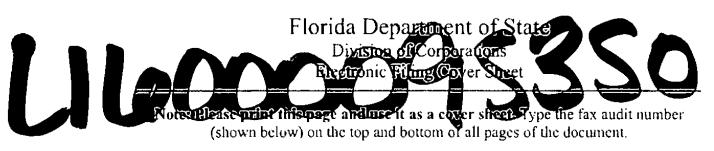
11/5/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

Email Address:____

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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L16000095350

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PIDOBOX LLC | | |
|---|---|--------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our recor- Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company | y were filed on 05/16/2016 | and assigned |
| Florida document number L16000095350 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| | | 20 |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC | " or the abbreviation "L.I.C." |
| Enter new principal offices address, if applicable: | 3750 NW 28 STREET | |
| (Principal office address MUST BE A STREET ADDRESS) | 101 - 101 דואט 103 | |
| | MIAMI, FL 33142 | |
| • | | |
| Enter new mailing address, if applicable: | 3750 NW 28 STREET | inel ⊕ ' |
| (Mailing address MAY BE A POST OFFICE BOX) | IDIT IO. FRUIT IO. | |
| | MIAMI, FL 33142 | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| , | Enter Florida street address | T |
| | Fla | rida |
| | City | Zip Code |

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

L16000095350

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 |
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| (If an eff | ive date, if other than the date of filing: ective date is fisted, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory feent's effective date on the Department of State's records. | (optional) or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis | 95.0207 (3)(sted as the |

Typed or printed name of signee