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Division of Corporations

## Florida Department of S

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.

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\* 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

(((H22000195211 3)))

	RTIES, LLC.		
(Name of the Lim	ited Liability Company as it m (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were fil	ed on _07/19/2016	and assigned
Florida document number L16000135534			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	apany here:	
The new name must be distinguishable and centain the	words "Limited Liability Comp	any," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
		on our records, enter the na	me of the new registered
		· · · · · · · · · · · · · · · · · · ·	me of the new registered
agent and/or the new registered office addre	ess here:	C TH COURT	me of the new registered
	BOJAN MANOJLOVIC	C	me of the new registered FILLID PH 12: 2

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.

Model (528)
If Changing Registered Agent, Signature of New Registered Agent

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From: Natalie

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	JUDITH FRANCO	1021 NORTHEAST 44TH COURT	DAdd
		OAKLAND PARK, FL 33334	
			UChange
MGR	SAMUEL FRANCO	1021 NORTHEAST 44TH COURT	
		OAKLAND PARK, FL 33334	■Remove
			□Change
AMBR BOJAN MANOJLOVIC	1021 NORTHEAST 44TH COURT	ृ≣Add	
		OAKLAND PARK, FL 33334	∐Kemove
			□Change
AMBR	FELIX MAROLEANU	1021 NORTHEAST 44TH COURT	
		OAKLAND PARK, FL 33334	1-2
			□Change
			CAdd
			□Remove
			☐ Change
			□Add
			Remove

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. II amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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17016: 1	e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed us that's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	JUNE / 5T 2022
***	
	Signature of a member or authorized representative of a member
	SAMUEL FRANCO
	Typed or printed name of signee