Division of Corporations



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From:

Account Name

: FOWLER RODRIGUEZ LLLP

Account Number : 120090000080 Phone

: (786)364~8480

Fax Number

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Email Address: JLOPEZ@FRFIRM.COM

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLLITAM LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as il now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 18, 2016	and assigned
Florida document number L16000155092		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility 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:		30.
(Principal office address MUST BE A STREET ADDRESS)		7 TEB
Enter new mailing address, if applicable:	N/A·	11. A 38.E. A
(Mailing address MAY BE A POST OFFICE BOX)		- Tu
[Mining marcis MAT DEAT OF OFFICE BOX]		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>ent</u> e:	er the name of the new
Name of New Decistored Access	$= \frac{\epsilon}{L}$	
Name of New Registered Agent:		
New Registered Office Address:	Onter Florida street address	
	, Florida	g. 6.1
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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	JANINE MARIE UGALDE	355 ALHAMBRA CIRCLE	
		SUITE 801	■ Remove
		CORAL GABLES, FL 33134	🗀 Change
MGR	Regaltered Agent Corporate Salvices, Inc.	355 ALHAMBRA CIRCLE	■ Add
		SUITE 801	□ Remove
		CORAL GABLES, FL 33134	□ Change
			- PAGE CO
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Effective date, if other than the date of filing:	ial) ling.) Pursuant to 605.0207 (J late will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	m. on the earller of:
Dated FEBRUARY 13	
Signature of a member of authorized representative of a member	<u></u>
2. 2. monoto of militarizate popularization of a thomas	

Page 3 of 3

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