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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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## ARTICLES OF AMENDMENT TO ARTICLES OF QRGANIZATION OF

_ <del></del>	5706 WEST PARK, LLC		
Name of the Limited I	Jability Company as it now appear londa Limited Liability Company)	rs on our records.)	<del></del>
(8.1	Toriga Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on	09/14/2016	
Florida document number L16000172087	· · · · · · · · · · · · · · · · · · ·		and assigned
	<del></del> ·		
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited lightlife.		
g sac new mathe of the	minited habinty company he	<u>ere</u> :	
The new name must be distinguishable and contain the work	at the terms of		
The new name must be distinguishable and contain the words		esignation "LLC" or the abbr	eviation "L.I.,C,"
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
	3		
Enter new mailing address, if applicable:	*		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
D. If amount to a the second section is			
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our re re:	ecords, <u>enter the name</u>	of the new registered
The state of the s	<u> </u>		
Norma of Name Danker, 1 a		₹"	202
Name of New Registered Agent:	<u>·</u>		
New Registered Office Address:		· 	
	. Enter Flori	ida street address	ro (
	•	, Florida	ω ;
<del></del>	City	1 101144	Zip Čňde
New Registered Agent's Signature, if changing Regist	tered Agent:	S. ( )	, <del>f.</del>

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.

Docusign Envelope ID: 8E2034B8-E237-42B9-AEA0-ADF18BE06B49
11 amenuing Authorized rerson(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	JULIA JIMENEZ ARROYAVE	8174 NW 114 PL, DORAL, FL 33178	
<del></del>			<b>=</b> Add
		· .	□Rcmove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ R <b>c</b> move
			□Change
			□ Remove
			□Change
		·	□Remove
			□Change
			□Add
			□ Remove
			Change

HECTOR DUQUE

Typed or printed name of signee