Elonda Départment of State Division of Corporations Electronic Rilling Cover-Sheet

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		Fax Number	: (850)617-6383	÷.	2621 DEC
:	From:				(,,
		Account Name	: CONTADORMIAMI.COM INC		9
		Account Number	: I20200000130		
		Phone	: (954)345-7888	1.	PH
Ĺ		Fax Number	: (786)713-1940		
<u></u>					- :-
513	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			<u>-</u>	
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Corporate Filing Menu

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To: 18506176380 Page: 3 of 5 2020-12-16 17.05:42 GMT 17867131940 From: TaxLeaf com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(x.)</u>
The Articles of Organization for this Limited Liability Com	npany were filed on 02/06/2017	and assigned
Florida document number L17000029264		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2623
(Principal office address MUST BE A STREET ADDRES	SS)	
		<u> </u>
		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>enter</u>	the name of the new regi
New Registered Office Address:		
. Ten negisteled Office Hudgist	Enter Florida street addres	55
	FI	orida
	City	Zip Code
	•	

Thereby 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

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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

Tc: 18506176380

<u>Title</u>	Name	Address	Type of Action
MGR	LAGOS N ANCHORENA, PABLO SANTIAGO	1549 NE 123RD STREET	DAdJ
		NORTH MIAMI, FL 33161	al Kemove
			□Change
MGR	OLIVI, ALEXANDRE G.	1549 NE 123RD ST	⊠ ∧dd
		NORTH MIAMI, FL 33161	□ Remove
			OChange-
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	or to the transference of		
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E. Effective date, if other	than the date of filing:		(optional)
			
(If an effective date is listed, i)	te date must be specific and cannot be orlo	r to date of filing or more than 90.	days after filing.) Pursuant to 605.0207 (3)(b)
Pote: If the date inserted	in this block does not meet the applic	cable sistutory filing requirem	ents, this date will not be listed as the.
			The state of the s
document's effective date	on the Department of State's records	l.	

If the record 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 record is filed.

Dated	(2020	
	JONA / LOVO	
Sig	future of a member or authorized representative	of a member
PAULO SANTIAGO LAG	OS N'ANCHORENA	
	Typed or printed name of signer	