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Division of Corporations

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Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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K. SALY JUL 26 2018

LAZARUS CORPORATE TOTAL TAX FAGE 02/04 PAG. 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H18000214690

1	A EXPORT LLC	
Name of the Limited Liability (A Florida Li	omnany as if now appears on our record	ir.)
ne Articles of Organization for this Limited Liability Com	many were filed on 04/10/2017	and assigned
1 17000080286		4
orida document number L17000080288		1 100
his amendment is submitted to amend the following:		PEC E
. If amending name, enter the new name of the limite	d liability company here:	- S
	Pate Janimating 1977	Cor the shimoviation L.L.C.
he now name must be distinguishable and contain the words "Limited	d Lisbuity Company, the designation car	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(55)	
TOLUME VITE MIGITIAN PAYAR PARTY	·	
		•
nter new mailing address, if applicable:		
Mailing address MAY BB A POST OFFICE BOX		
		
3. If amending the registered agent and/or register	red office address on our recor	ds, enter the name of the n
egistered agent and/or the new registered office addre	as here:	
t and the state of		· <u>· </u>
Name of New Registered Agent:		
New Repistered Office Address:		
	Enter Florida sweet addi	त्था
•	- J	Florida
	City	Ztp Code
New Registered Agent's Signature, if changing Registered	Agent:	_
		Contain annual to commit with i
hereby accept the appointment as registered agant a	nd agree to act in this capacity. 1)	and I am familiar with and
provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago	mplete performance of my auties,	S E S Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

1.6...

LAZARUS CORPORATE

PAGE 03/04 PAG. 03/04

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

07/25/2018 15:48

H18000214690

<u>[jíla</u>	Name	Address	Type of Action
MGR	HECTOR F WILLS	10800 NW 88 STREET	Add
		DORAL FL 33178	Remove
			Change
MGR	OBED E LOPEZ	10600 NW 88 STREET	
		DORAL FL 33178	🗖 Remove
erie Geografie	•		Change
MGR	FRANCESCO MARIO CAPIA	10600 NW 88 STREET	
		DORAL FL 33178	T Remove
	,	· · · · · · · · · · · · · · · · · · ·	□ Change
			
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			> Proposition of the state of t
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			Remove
		·	Change

PAGE 04/04 PAG. 34/84

). If amendia	ng any other Information, enter change(s) here: (Attach additional sheets, if necessary) 0021469
	
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	Fig. 3. C
	Fig. 3
	
	(dama])
(If an affective Note: If the	date, if other than the date of filing: c 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)(b) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
(f the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
	07/25/2018
	Signature of a member or suthorized approximative of a member
	Francesco Harup Capia
	Typed or printed name of signed