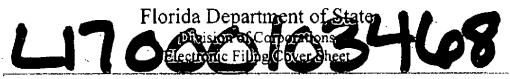
To.



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arod3723@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CG AGENCY LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INCT LLC	
(Name of the Limited Liability (A Flonda Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L17000103468	npany were filed on 05/09/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	. •
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
•	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the r	name of the new registere
		2022 Seco
Name of New Registered Agent:		·····································
New Registered Office Address:	Enter Florida street address	- 1
	. Florida	
·	City	72 Colle
New Registered Agent's Signature, if changing Registered A	Agent:	्र ाज्य

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.

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

Title	<u>Name</u>		Address	Type of Action
MGR	Magic Time 11 Corporation		311 NE 180 DRIVE	■Add
			NORTH MIAMI BEACH, FL 33162	□Remove
				□ Change
AMBR	ERIK GUZMAN		6187 NW 167th ST SUITE H31	□ Add
			MIAMI, FL 33015	□ Remove
				B Change
· -				DAdd
				□ Remove .
				Change
	American Marie - Marie and American Marie - Ma			①Add
				□Remove
	· · · · · · · · · · · · · · · · · · ·			□ Change
Aphilian a announce de la companya d		•		□Add
				□Remove
			CONTRACTOR OF THE PROPERTY OF	□Change
		•		□Add
· ·				Remove
				∏ Change

ERIK GUZMAN	AUTHORIZED MEMBER	75%
JUSTINN GUZMAN	MANAGER	15%
MAGIC TIME 11 CORPORATION	MANAGER	10%
*	alada di salamanda yang ga mama mana mana kata ban tan di Matemata a ban di mana a man	The second secon
	e la company de la company de	th destributes from Enroll Services (v. 1864) (the Grift Services (same) professional account services
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The second of the second secon	STATES THE RESIDENCE AND CONTRACTOR	
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ctive date, if other than the date of f	Ning:	(optional)
iffective date is listed, the date must be specific If the date inserted in this block does need to be the date on the Department of the Department.	not meet the applicable statutory fil	nume than 90 days after filing.) Pursuant to 605, ang requirements, this date will not be liste
ord specifies a delayed effective date, but filed.	not an effective time, at 12:01 a.m	s, on the earlier of: (b) The 90th day after
d 09/12/	2022	
X Tuni		
Signature o	of a member or authorized representativ	ve of a member
('	ERIK GUZMAN	•

Typed or printed name of signee