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| | | Name of Lim | ited Liability Company | | |
| The enclosed Ar | ticles of Amendme | nt and fec(s) are sub | mitted for filing. | | |
| Please return all | Articles of Amendment and fec(s) are submitted for filing. all correspondence concerning this matter to the following: Luisz Gemez Name of Person Palm Blach Paperile Luc Firm/Company Lake Lorth FC 35467 City/State and Zip Code Palm beach Paperile Q gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: S 2 Gomes Name of Person at (56) Daytime Telephone Number check for the following amount: | | | | |
| | | Luisa | Comez Name of Person | <u> </u> | |
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| | | E-mail address: (| to be used for future ann | Paperile UC Dr Code Perile Q Gmail. Com annual report notification) 507-0521 Daytime Telephone Number g Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy yis enclosed) Certified Copy | |
| For further infor | mation concerning | this matter, please c | all: | | |
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MAILING ADDRESS:

TO: Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida | Polm B | beach Paperie, LL | .C |
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| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Name of the Limited | Liability Company as it now appears on ou Florida Limited Liability Company) | r records.) |
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida | The Articles of Organization for this Limited Liab | bility Company were filed on _06[92] | o5 2017 and assigned |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | This amendment is submitted to amend the follow | ving: | |
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| Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | (Mailing address MAY BE A POST OFFICE B | <u>OX)</u> | |
| New Registered Office Address: Enter Florida street address , Florida | | | records, enter the name of the nev |
| Enter Florida street address , Florida | Name of New Registered Agent: | | |
| , Florida | New Registered Office Address: | <u></u> | · · · · · · · · · · · · · · · · · · · |
| | | Enter Florida stre | et address |
| City Zip Code | | Ciţv | , Florida Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action** Title Name Lake worth, CL 33467 Rem Luisa Gomez ☐ Change Betania Trevino Sioa Bright Galaxy Lane VAdd Greenacres, 7 33463 - Remove _□ Change. □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Remove _□ Change

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Filing Fee: \$25.00