Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	
	Fax Number : (850)617-6383	
from:	Account Name : EXPRESS CORPORATE FILING S	ERVICE INC. :
	Account Number : 120000000146 "	
	Phone : (305)444-4994	
	Fax Number : (305)444-4977	
**Enter an:	the email address for this business entity to nual report mailings. Enter only one email ad	be used for futur dress please.**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERFUZONE LLC

## Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PERFUZONE LLC	ad I lability Company as	it now appears on our records.)	<del></del>
(154the or the Carre	(A Florica Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited L	iability Company wer	e filed on <u>08/29/2017</u>	and assigned
Florida document number L17000184220	<del></del> *		
This amendment is submitted to amend the foll	owing:	-	
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC"	er the abbreviation "L.L.C."
Enter new principal offices address, if appli-			
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	_	·	
(Mailing address MAY BE A POST OFFICE	<u> BOX</u> )		
	_		
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office	e address on our records,	, enter the name of the n
Name of New Registered Agent:	ALEXANDRA TO	ВОИ	
3000 344	3399 NW 72 AVE	STE 225	<del></del>
New Registered Office Address:		Enter Florida street address	5
	MIAMI	ma	orida <u>33122</u>
		Clay	Zio Coda

## New Registered Agent's Singature, 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 603, F.S. Or, if this document is being filed to merely refluct a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

A 4

Changing Resintered Agent, Signature of New Bornstored Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the sille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	EDUARDO E. VARGAS	3399 NW 72 AVE	tòA ⊡
		STE 225	≅ Remove
		MIAMI, FL 33122	O Change
MGR	ALEXANDRA TOBON	3399 NW 72 AVE	
		STE 225	□ Remove
		MIAMI, FL 33122	☐ Change
			□ Add
			□ Remove
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ffective date, if other than the dates of the date of the Department's effective date on the Department's	loss not meet t	III abbitance	e of filing or more scountiery filing re	(options) (optio	dittain a December 1	u 603.0207 (3xh) e listed as the
e record specifies a delayed ef The 90th day after the record	ective dare, is filed.	, but not ar	n effective tim	e, at 12:01 a	i.m. on the	earlier of:
DECEMBER 5th	20					
or Engrand	-	77				<del></del>
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