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| Considerations to Filing Officer | |
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| eub ucca | | EAM, LLC | | | | |
|----------------|---------------------------------|--|---|----------------------------|---|--------|
| SORTECT | : | Name of Lim | ited Liability Company | | | |
| The enclos | ed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retu | rn all correspo | ndence concerning this matter | to the following: | | | |
| | | YAMHURE, ERNESTO | | | | |
| | Name of Person | | | | | |
| | Firm/Company | | | | | : : |
| | | 8890 NW 99TH AVE | | | | ; ; |
| | | TEAM, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: YAMHURE , ERNESTO Name of Person Firm/Company 8890 NW 99TH AVE Address MEDLEY, FL 33178 City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: O | | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report notific | ration) | | CI3 |
| For further | information co | oncerning this matter, please ca | all: | | 7021 | */ |
| YAMHUR | | | at () | | | |
| | Name of | Person | Area Code Daytime | l'elephone Number | いつ | ì |
| Enclosed is | s a check for th | e following amount: | | | •• | 5 |
| \$25.00 | Filing Fee | | Certified Copy | Certificate Certified C | ng Eze e. : of Status & Copy | |
| | ailing Address egistration S | | <u>Street Address:</u> Registration Sect | ion | | |
| | ivision of C | | Division of Corpo | | | |

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

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DANTES TEAM, LLC | | | <u> </u> | | |
|---|---|--|------------------------|--------------------|--|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as it now appears on ou liability Company) | <u>r_records.</u>) | | |
| The Articles of Organization for this Limited L. Clorida document number L17000205840 | | were filed on 10/04/201 | 7 | and assigned | |
| his amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | on "I.L.C" or the abbr | eviation "L.L.C." | |
| Enter new principal offices address, if applic | 8890 NW 99TH AVE | | <u> </u> | | |
| (Principal office address MUST BE A STREET ADDRESS) | | MEDLEY, FL 33178 | | | |
| Enter new mailing address, if applicable: | | 8890 NW 99TH AVE | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | MEDLEY, FL 33178 | | | |
| | | <u> </u> | | 797 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office : ess here: | address on our records | s. enter the name | of the new registe | |
| Name of New Registered Agent: | | | | <u>= J</u> | |
| New Registered Office Address: | 8890 NW 99T | | | 24 | |
| | | Enter Florida stre | | | |
| | MEDLEY | | Florida | 78 | |
| | | City | | 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|------------------|----------------------------|
| MGR | TRUJILLO YAMHURE, OLGA | 8890 NW 99TH AVE | ■Add |
| | | MEDLEY, FL 33178 | |
| | | | |
| MGR | YAMHURE, ERNESTO | 8890 NW 99TH AVE | □Add |
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| Effective date, if other than the date of filing: | | - 1 |
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| document's effective date on the Department of State's records. | 211 | |
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