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To:

Division of Corporations

Fax Number

Page: 1 of 4

: (850)617-6383

From:

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Account Name : EXPRESS FILINGS INC

Account Number : I20220000042

Phone

: (786)370-2432

Fax Number

: (786)866-6349

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

vigovigocpa@aol.com

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ge: 2 of 4 2024-09-20 15:28:30 GMT 1786866

From: ADRIAN MEDINA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	·	
The Articles of Organization for this Limited Liability Complorida document numberL17000235503	pany were filed on	11/14/2017	and assigned	
his amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited	liability company ho	ere:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u> ···	N/A_	<u>∞ 2</u>	
Principal office address MUST BE A STREET ADDRES	<u> </u>		24 SEP	
		N/A	20	
Enter new mailing address, if applicable:		11/7		
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our r	ecords, <u>enter the nar</u>	ne of the new regi	
Name of New Registered Agent:	·	N/A		
New Registered Office Address:	Enter Flo	rida street address		
·				
·	City	, Florida _	Zip Code	
	City			

If Changing Registered Agent, Signature of New Registered Agent

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) (attorized to manage, emergine trice range, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Paga: 3 of 4

<u>Title</u>	Name	Address	Type of Action
MGR	CHIRIBOGA BIAGGI, MARIELA	7737 ATLANTIC WAY	O _{Add}
		MIAMI BEACH, FL 33141	• Remove
			O _{Change}
	·		\bigcirc_{Add}
			ORemove
			OChange
	· 	- 	O _{Add}
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e.			O _{Remove}
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If amendi	ng any other information, enter change	(s) bere: <i>(Attach ad</i>	ditional sheets, i	(necessary:.)	
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(If an effective Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot e date inserted in this block does not meet the effective date on the Department of State's a	be prior to date of filing applicable statutory	or more than 90 day	optional) s after filing.) Pur s, this date will	suant to 605.0207 (not be listed as t
ne record spe ord is filed.	ecifies a delayed effective date, but not an effe	ective time, at 12:01 a	.m. on the earlier	of: (b) The 90	th day after the
Dated	September 18th	2024			
-	Signature of a member	or authorized represent	ative of a member		
		·			
_		H II, RALPH MII			