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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : COMPUTAX USA INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIRACLE 4 YOU LLC**

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T GLASS

AUG 23 2019

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MIRACLE 4 YOU LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2018 and assigned
Florida document number L18000018621.

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 "L.L.C."

Enter new principal offices address, if applicable:

3183 PHOENIX AVE

(Principal office address MUST BE A STREET ADDRESS)

OLDSMAR FL 34677

Enter new mailing address, if applicable:

3183 PHOENIX AVE

(Mailing address MAY BE A POST OFFICE BOX)

OLDSMAR FL 34677

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ZSOFIA PAL

New Registered Office Address: 3183 PHOENIX AVE

Enter Florida street address

OLDSMAR, Florida 34677

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

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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>	<u>Type of Action</u>
MGR	ADAM PERGE	7262 121ST WAY N	<input type="checkbox"/> Add
		SEMINOLE FL 33772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 21, 2019

Zsolt Pál
Signature of a member

Signature of a member or authorized representative of a member

ZSOFIA PAL

Typed or printed name of signee