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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAP N GO LLC

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JUL 2 7 2020

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ARTICLES OF AMENDMENT , TO ** ARTICLES OF ORGANIZATION OF

| Sap N GO LLC | | |
|--|---|---------------------------|
| (Name of the Limited I | Lightlity Company as it now appears on our records.) Florida Limited Liability Company) | 7H 2: |
| The Articles of Organization for this Limited Liabi | ility Company were filed on 1/29/2018 | and assigned |
| Florida document number L18000025762 | | |
| This amendment is submitted to amend the followi | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and contain the word | Is "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | le: | · |
| (Principal office address MUST BE A STREET A | ADDRESS) | · - |
| | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO |)X) | |
| | | |
| B. If amending the registered agent and/or registered office address h | stered office address on our records, <u>enter the</u> tere: | name of the new registers |
| Name of New Registered Agent: | | |
| New Registered Office Address: | · | |
| | Enter Florida street address | |
| - | , Florid | |
| | 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 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> | Name | Address | Type of Action |
|--------------|----------------|---|----------------|
| MGR | Jose A Ramirez | | |
| | | 105 NE 13 Avenue, Fort Lauderdale, FL 33301 | = Remove |
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| Effective date, if other than the fan effective date is listed, the date m | e date of filing: | | (or tional) | |
| f an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I | lock does not meet the ap | plicable statutory filing req | an 90 days after filing.) Pursuant to uirements, this date will not be | 605.0207 listed as |
| record specifies a delayed effecti d is filed. | ve date, but not an effectiv | ve time, at 12:01 a.m. on th | e earlier of: (b) The 90th day s | after the |
| Dated | 2020 | · | | |
| | | | · | |
| -ST- | | authorized representative of a | | _ |

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