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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

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Examiners Initials	-
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lir	nited Liability Company as it now appears on our	records)
	nited Liability Company as it now appears on our i (A Florida Limited Liability Company)	- a-a-rea sage
The Articles of Organization for this Limited Florida document number <u>L18000037021</u>	Liability Company were filed on 02/13/2018	and assigned
This amendment is submitted to amend the fo	Howing:	
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 appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	A 5 20 18 1
		AHA EC
		ASSE II
Enter new mailing address, if applicable:		mg ≥ m
(Mailing address MAY BE A POST OFFICE	E BOX)	
		D/: 06
B. If amending the registered agent and	d/or registered office address on our rec	cords, enter the name of the i
registered agent and/or the new registered of	office address here:	The state of the s
Name of New Registered Agent:	ANGEL ERNESTO HERNANDEZ AGUIF	RRE
New Registered Office Address:	3309 GRANADA BLVD	
	Enter Florida street a	ddress
	COPAL CARLUS	22121

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>	Address	Type of Action
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Effective date, if othe If an effective date is listed. Note: If the date insert document's effective da	the date must be speci ed in this block does to on the Departmen	ific and cannot be prior in the prior in the application of State's records	cable statutory fil 5.	more than 90 days aftering requirements, th	is date will no	ot be listed a
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	Signature	of a member or auth	orized representativ	e of a member		
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