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Division of Corporations

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Account Number : I20000000019

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VASALLO & . LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VASALLO & . LLC		
(Name of the Limited Liability Conu (A Florida Limited	pany as it now appears on our records, I Liability Company)	)
The Articles of Organization for this Limited Liability Compan	y were filed on 4/26/18	and assigned
Florida document number 118000105578		<b>.</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	20
MRC SA LLC		2020 KO
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		ω L
Principal office address MUST BE A STREET ADDRESS)		20. <b>⊋</b> M
		47
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Flori	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

11/04/2020 17:10

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.

MGR = Manager

3652201440

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
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		·	□Remove
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ote: If the date inserted in this block does not meet the applicable state of the date inserted at the Department of State's records.	tutory filing requirements,	this date will	not-be list	ed as
ecord specifies a delayed effective date, but not an effective time, at I is filed.	2:01 a.m. on the earlier of:	(b) The 90°	th day afte	r the
1 1 - 0				
10/30/20				

Filing Fee: \$25.00