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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| AIC W | on 12 wide Loa | 75 th 2018 NOY -5 AM 10: 16 |
|---|---|---|
| (Name of the Limited Liz (A Fig. | ability Company as it now appears on orida Limited Liability Company) | OUT PECOTOR DE CONTRACTOR STATE TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 8 | 22 2018 and assigned |
| Florida document number <u>L 170 00 2 0/6</u> | 06/ | |
| This amendment is submitted to amend the following | <u>5</u> : | |
| 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 design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| , | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | • | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | egistered office address on ou address here: | r records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | treet address |
| | City | , Florida 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

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 3200 NW 67 HAVE MIOMIG 33122 MGR Roberto Ortiz ____ Remove __ 🗆 Change □ Add ☐ Remove _□ Remove □ Remove ı ☐ Change ☐ Remove _□ Change _🗆 Add _____ □ Remove

| | eding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: | ve date, if other than the date of filing: |
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| The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. |
| | |
| ated | 10/10 2018 / |
| | |
| | Signature of a member or authorized representative of a member |
| | Macin a Dolin |
| | Typed or printed name of signee |
| | |
| | Page 3 of 3 |

Filing Fee: \$25.00