Division of Corporations **Electronic Filing Cover Sheet**

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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	ability Company were filed on 10/02/2018 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registere</u> ss here:
Name of New Registered Agent:	Vaisy C Fleitas 18501 Pines 6/vd Suite 201 Enter Florida street address
New Registered Office Address:	Enter Florida street address
	Pembroke Pines, Florida 33029 Zip Code
	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>	<u>Name</u>	Address	Type of Action
AMBR	Jose Bonilla	18340NUL 62AVE Artyc Hialeah FL, 33015	24 □Add
		Hialeah Fl, 33015	Remove
			□ Change
		N	🗔 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			□Remove
			Change
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12-17-1-18-18-18-18-18-18-18-18-18-18-18-18-1			🗆 Add
			□Remove
			□ Change

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Note: If (date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Octubre 5 , 2022.
	Signature of a member or authorized representative of a member
	Vaisy C Flei Fas Typed or printed name of signee
	$1/\cdot\cdot\cdot A/I \cdot I$