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oup in		LANARK GI	ENERAL LLC					
SUBJEC	ָבו:		Name of Lim	ited Liability Co	mpany			
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filin	g.			
Please re	turn	all correspond	dence concerning this matter	to the followin	g:			
			Anthony Morales					
			_	Name of	Person			
	MyUSACorporation.com							
	Firm/Company							
	1 Radisson Plaza, Suite 800							
	Address							
			New Rochelle, New York, 10801					
			info@myusacorporation.com	City/State and	I Zip Code			
			- · ·		ture annual report notificati	on)		
For furth	ner in	formation cor	ncerning this matter, please ca	all:				
Anthony	y Mo	rales		877	330-26-77			
		Name of F	Person	at (Area	Code Daytime Tel	ephone Number		
Enclosed	l is a	check for the	following amount:					
□ \$25.	.00 F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy Il copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co)	of Status &	
	Reg Div P.O	istration Se istration Se ision of Co . Box 6327 ahassee, FI	ection rporations		Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	ations shassee reet, Suite 810	2021 APR 20 P 9: 09	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANARK GENERAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/09/2018}{2}$ and assigned Florida document number <u>L18000263188</u> This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

ב כ ֶּ : 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>	<u>Address</u>	Type of Action
AMBR	DENISSE PATRICIA ROMERO AGUILAR	2-1333 Michael St.	
		Gloucester, Ontario K1B 3M9 CA	□Remove
			☐ Change
AMBR	LANARK MANAGEMENT, S.R.L	REYES CATOLICOS 2, #1A	≡Add
		SALAMANCA, SPAIN 37002	Remove
			□Change
AMBR	Miguel Leon Romero Escoto	2-1333 Michael St.	□ Add
		Gloucester, Ontario K1B 3M9 CA	≅Remove
			Change
		- <u></u>	
			Change
			PR ⊇Add -
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e: If the date inserted in this block ument's effective date on the Department.	t does not meet the applicable sta	itutory filing requirements, this	s date will not be listed a
union 5 effective date on the Depa	attricin of State 5 records.		2021
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