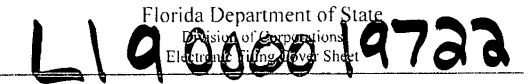
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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXOR GROUP LLC

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From: TAXLEAF.COM CONTADORMIAMI.COM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H220003323643

U	UXOR GROUP LLC				
(Name of the Limited Liab) (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	01/17/2019	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>r</u> :			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	4921 NW 85TH	4921 NW 85TH TERR LAUDEHILL			
(Principal office address MUST BE A STREET ADD	DRESS) LAUDERHILL,	LAUDERHILL, FL 33351			
Enter new mailing address, if applicable:	4921 NW 85TH	HTERR LAUDEHILL			
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL,	LAUDERHILL, FL 33351			
B. If amending the registered agent and/or register agent and/or the new registered office address here.  Name of New Registered Agent:	:	cords, <u>enter the nam</u> R SPRINGS LLC	ne of the new regist		
Name of New Registered Agent.	3111 N UNIVERSITY DR STE 105				
New Registered Office Address:	·- <u>-</u> -	Enter Florida street address			
	CORAL SPRINGS	. Florida	33065		
	City	, . 10,1001	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:

H220003323643

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CASTELLO, CARLOS E	4921 NW 85TH TERR	\ \Backsquare Add
		LAUDERHILL, FL 33351	Remove
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			Remove
			Change
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Hamending any other information en	ter change(s) here:	(Atlach additionals	heers, l/necessarir)	
E. Effective date; if other than the date of (If an effective date is listed, the date must be spec-	filing	late of Illing of more than	(optional) 90 days after filing) Pura	uani jo 605 0207 (3) (1) 3
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