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Division of Corporations

\_ Email Address:\_

Fax Number : (850)617-6383

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : I20120000040 Phone : (305)405-2600

Fax Number : (305)405-2601

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LAMARC GROUP LLC

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T. LEMIEUX

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<del></del> ,	Zip Code
	DAVIE	, Fl	orida <u>33330</u>
New Registered Office Address:		Enter Florida street addres	īs
New Designard Office Address	12555 ORANG	E DR SUITE 228	
Name of New Registered Agent:			
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office : ss here;	address on our records, <u>enter</u>	the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:	1 n Ash		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		DAVIE, PL 33330	
		12555 ORANGE DR SUITE 2	228
The new name must be distinguishable and contain the	words "Limited Liabi		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
This amendment is submitted to amend the fol			1.01
Florida document number L19000023120	·		宝し
The Articles of Organization for this Limited I	iability Company	were filed on JANUARY 2017	and assigned
	ted Liability Compa	ny as it now appears on our record Liability Company)	<u>(is.)</u>
LAMARC GROUP LLC			

## 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.

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>	Name	Address	Type of Action
MGR ANDRES F LOTERO	12555 ORANGE DR SUITE 228	□Add	
		DAVIE FL 33330	Remove
			🔀 Change
MGR	MANUEL ARISMENDY	12555 ORANGE DR SUITE 228	
	DAVIE FL 33330	□Remove	
			□Add
		□Remove	
		Change	
			🗆 🖊 dd
			□Remove
		□Change	
		□Add	
		Remove	
		Change	
		□Add	
		<u> </u>	□Remove

2, 11 HH	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filling:    JANUARY 20TH, 2022
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	JANUARY 2012 .
	Signature of a member or authorized representative of a member  ANDRES F LOTERO

Typed or printed name of signee