### H21000466858 3

# Florida Department of State

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(((H210004668583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 : (954)345**-**7888 Fax Number : (786)713-1940

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

Email	Addrage.			

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2021-12-23 21:51:10 GMT

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From: TAXLEAF, COM CONTADORMIAMI.

# H21000466858 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
he Articles of Organization for this Limited Liability Company were filed onlorida document numberL19000026631	01/25/2019	and ass	signed
ais amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company	here:		
ne new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the		L.C."
nter new principal offices address, if applicable:		1021 DE	
Principal office address MUST BE A STREET ADDRESS)		<u>&gt;~                                    </u>	7
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		्री 🚌	,
iter new mailing address, if applicable:		<u> </u>	, #
failing address MAY BE A POST OFFICE BOX)		<u> </u>	
If amending the registered agent and/or registered office address on our tent and/or the new registered office address here:	records, enter the na	ume of the nev	<u>v regist</u>
Name of New Registered Agent:			
New Registered Office Address:	lorida street address		
Enter 14	orida sirvet adaress		
	, Florida _		

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

### 2021-12-23 21:51:10 GMT 17867131940

#### H21000466858 3

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

Title	Name	Address	Type of Action
MGR	LIVE DETROIT PROPERTIES INC	19371 MONICA ST	□Add
		DETROIT, MI 48221	KIRemove
MGR	MARIA PAULA CALVI	24001 SOUTHFIELD RD 203	bbAlXi
		SOUTHFIELD, MI 48075	202 Premove
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_	Signature	of a metaber or authorized representative of a married	deputer Andrews States Speciments A
		MARIA PAULA CALVI	
••		Typed or proped name of signer	