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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 110080000067 Phone

: (845)425-0077

Fax Number

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARGO PARTNERS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company)))
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000057420</u> .	ny were filed on <u>02/27/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	hility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		72 DEC -
Enter new mailing address, if applicable:		S - M
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ridaZip Crale
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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
MGR	HOWARD SCHAPIRO	5660 COLLINS AVENUE, APT 20B	LiAdd
		MIAMI BEACH, FL 33140	≅Remove
			Change
AMBR	HOWARD SCHAPIRO	5660 COLLINS AVENUE, APT 20B	= Add
		MIAMI BEACII, FL 33140	□Remove
			DChange
			🗀 Add
		-	El Remove
			UChange
			□Add
			LJRemove
			□Change
			UAdd
			IIIRemove
			. lChange
			🗆 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. December 5 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Michael I. Bernstein, Authorized Representative of Member Howard Schapiro