Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAYFRONT FINANCIAL GROUP LLC

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Help

JUL 27 2022 K. Brumble

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Li	iability Company	were filed on 07/21/2022	and assigned			
Florida document number L19000064642						
This amendment is submitted to amend the follo	owing:					
A. If amendiog name, enter the new name of	f the limited liab	ility company here:				
N/A		<u></u>				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity 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)		7026 SW 87 Ave Miami, FL 33173				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7026 SW 87 Ave				
		Miami, FL 33173				
			_			
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office	address on our records, enter the na	ame of the new regist			
agent and of the new registered office addre	<u>as mere</u> .		202			
Name of New Registered Agent:	N/A		2 J			
<u> </u>						
New Registered Office 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 ! 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 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
MBR	DAYMARA REGALADO LOPEZ	2000 SALZEDO ST #920	≅ Add
		CORAL GABLES, FL 33134	□Remove
			Change
			□Add
			□Remov c
			□Change
			□ Add
			Remove
			DChange
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			[] Change
			□ Add
			Remove
			Change

MAURICIO MARTINEZ

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:Biose	ive date, if othe	r than the dat	e of filing:	07/21/2022			(options	al)	
f an eff Note:	fective date is listed, If the date insert nent's effective de	, the date must be a ed in this block	specific and ca does not mee	mot be prior to at the applicat	date of filing of the statutory fi	r more than 90 ling requirem	days after fill	ng.) Pursuant to (505.0207 isted as
e recor rd is fi	rd specifies a dela iled.	yed effective da	te, but not an	ı effective tim	ie, at 12:01 a.:	n. on the earl	ier of: (b)	The 90th day a	fter the
	JULY 21		1	2 022					

Typed or printed name of signee