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10.	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number : I200000000019
	Phone : (305)552-5973
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O SIMMONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZA **OF**

(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on or shility Company)	it itroids:	
he Articles of Organization for this Limited Lia forida document number L19000099912	bility Company v	were filed on 04/18/2	2019	and assigned
nis amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited liabi	lity company here:		
he new name must be distinguishable and contain the we	reds *Limited Liabil	ity Company," the designa	ntion "LLC" or he a	obreviation "L.L.C."
	6750 N. Andrews A	venue		
nter new principal offices address, if applica		Suite 200		
Principal office address MUST BE A STREET ADDRES		Ft. Lauderdale, FL 33309		
		6750 N Andrews A	venue	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite 200		
		Fl. Lauderdale, FL 33309		
B. If amending the registered agent and/or a agent and/or the new registered office addre	St uere.		rds, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:	Christian Murray 6750 N Andrews Avenue Suite 200			
New Registered Office Address:	6750 N Andr	Enter Florida	street address	
	Ft: Lauderde	ale	, Florida	33309 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: 2020 APR 28 AH 10: 18

MGR = Manager
AMBR = Authorized Member.

AMBR = Aut	horized Member	• •	**
<u>Title</u>	Name	Address	Type of Action
Mgr.	Bruno Delva	6750 N Andrews Ave Suite 200	E Add
		Ft. Lauderdale, FL 33309	☐ Remove
			Change
Mgr	Chantell Montero	228 San Remo Blvd	□ Add
		N. Lauderdale, FL 33068	≣Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			☐ Change
			[]Add
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			Change
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			Change

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	04/28	3/2020		(optional)
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot b	e prior to date of file	ng or more than 9) days after !!!!!! ments, this dat	e will not be listed
Note: If the date inserted in this block document's effective date on the Department.	does not meet the rtment of State's re	ecords.	.,		
					rho OOth day after th
the record specifies a delayed effective d	ate, but not an effe	ctive time, at 12:0	lamion the ex	tuet or: (0)	INC. SOME ONE WATER TO
cord is filed.					
04/28	2020	0			
Dated	A				
	Chi.	r or authorized repre			