5/30/2019

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCR FINANCIAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| mor financial, llo | | | | | |
|--|---|---|---------------------------------------|---------------------------------|--------------|
| (Name of the Limited | Liability Compar Fiorida Limited L | iv as it now appears on our lability Company) | records.) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>L19000128542</u> | | | | and assi | gned |
| This amendment is submitted to amend the follow | /ing: | | | | |
| A. If amending name, enter the new name of t | he limited liabi | lity company here: | | | |
| ALBATROS AIRCORPILIC | | | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liabil | ity Company," the designation | a 'LLC" or the abb | eviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | 127 GIRALDA AVE | | | 25 |
| (Principal office address MUST BE A STREET | | CORAL GABLES, FL | 33134 | _;- | |
| 12.11 | | | | | |
| | | 127 GIRALDA AVE | | | |
| Enter new mailing address, if applicable: | O30 | CORAL GABLES, FL | 33134 | | 5 |
| (Mailing address MAY BE A POST OFFICE B | <u>0x)</u> | - · · · · · · · · · · · · · · · · · · · | | | " |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered of ce address her MARTIN MOR | <u>e</u> : | records, <u>enter t</u> | រុស <u>្តេក</u> ស្វា <u>វ</u> ្ | of the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: 1270 | | . AVE Enter Florida stree | et nådrese | - | |
| | | | | 2.4 | |
| | CORAL GABL | City City | , Florida <u></u> | Zip Code | ···· |
| New Registered Agent's Signature, if changing Re | gistered Apent: | ŕ | | - r | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has | agent and agr and complete ered agent as p gistered office | ee to act in this capact performance of my du provided for in Chaptet | nes, and 1 am ja r 605, F.S. Or, i | muuu wu Lihis docu | ment is |
| | If Chai | nging Registered Agent, Sign | nature of New Reg | istered Age | <u>ıt</u> |

Page 1 of 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------------------|--|
| AMBR | MARJA C. RONCERO | 1080 BRICKELL AVE, APT 2104 | |
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| AMBR | MARTIN MORO | 127 GIRALDA AVE | _ B Add |
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| Note: | (optional) entive date, if other than the date of filing: (optional) entive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. | i to 605 be liste | 0207 (3)(d as the |
| if the red (り) The | cord specifies a delayed effective date, but not an effective time, at 12:01 e.m. on the 90th day after the record is filed. | earlie | rof; |
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| | , in the second of the second | | |
| | GERONIMO GONZALEZ Typed or printed name of signer | | |