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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (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 Address:_____

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EN	CUENTRO FAMILY LLC			
(Name of the Limit	ed Liability Company as it now app. (A Fiorida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Li	iability Company were filed on _	05/16/2019	and assign	ed
Florida document number L19000131242	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company	here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	c designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applic	able:			
Principal office address MOST BE A STREE	TADDRESS)			
				· · · • •
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
 If amending the registered agent and/or regent and/or the new registered office address 		records, <u>enter the na</u>	me of the new ro	egistered
Name of New Registered Agent:	ACCOUNTANT & MANAGE	EMENT INC	A A	
New Registered Office Address:	1549 NE 123RD ST		- 19	
tow tegesioned exists readiess.	Enter F.	lorida street address	AH	
	NORTH MIAMI		3161 : <u> </u>	· ·
	City		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

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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
			□Add
			FIRemove
			[]Change
			□Add
			□Remove
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			LJAdd
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			The Land

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). If amending any other informa				
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Effective date, if other than the It'an effective date is listed, the date most Note: If the date inserted in this blo document's effective date on the De	ick does not meet the applica-	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuan rements, this date will not	to 605.0207 be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective tin	oe, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
Dated MAY 19TH	2022			
	A MARKUE Mas			
	signature of a member or author	ized representative of a me	ember	
FLÖR MEDINA				
	Typed or printed	name of signee		