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	Fax Number	: (850)617-6383	25 85
From:			
	Account Name	: ABITOS PLLC	r#c+
	Account Numbe	er : I20200000189	2080) 31VE
	Phone	: (305)774-2945	
	Fax Number	: (305)774-1504	ज़र्स अ
*Enter	the email addre	ess for this business entity to be	used for future

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) ility Company)	- 		
The Articles of Organization for this Limited Liability Company we Florida document number L19000149732	and assigned			
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		- 17 s 20 -		
(Principal office address MUST BE A STREET ADDRESS)				
-		23		
Enter new mailing address, if applicable:		1.00		
(Mailing address MAY BE A POST OFFICE BOX) -				
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	tress on our records, <u>enter the</u>	name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Floric	la		

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.

City

Zip Code

Page: 3 of 4

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

Title	<u>Name</u>	Address	Type of Action
MGR	VALSANGIACOMO, LIA ROSA	255 ARAGON AVE 2ND FLOOR	
		CORAL GABLES, FL 33134	≡ Remove
			[]Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
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Effective (date, if other than	the date of f	iliny:			(option	al)	
(If an effective Note: If th	be date is listed, the date the date inserted in this is effective date on the	mist be specifi s block does i	e and cannot be not meet the a	pplicable statu	iling or more than 9 ory filing require	0 days after fil	ing.) Pursua	nt to 605,02 it be listed
ne record spo and is filed.	ecifies a delayed effe	ctive date, bu	t not an effect	ive time, at 12.	01 a.m. on the ca	rlier of: (b)	The 90th	day after tl
Dated AU	IGUST 23		2021					
			Milke	 ·				

Typed or printed name of signee