8/1/22, 10:26 AM

Division of Corporations



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JUN - 1 2022

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ` **OF**

(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		_ _	
The Articles of Organization for this Limited Florida document number 119000231256	Liability Company were i	filed on 09/20/2019	a	nd assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability eq	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Con	pany," the designation "LLC" o	or the abbreviat	ion "L.L.C."	-
Enter new principal offices address, if appli	cable:		<u>-,</u> :-,,	202	_
(Principal office address MUST BE A STRE	ET ADDRESS)		(: . 25)	ال 2	<u>ء</u> : -
			<u> </u>	* ====================================	
Enter new mailing address, if applicable:				Hd CD:	3408
(Mailing address MAY BE A POST OFFICE	E BOX)		• : =	က်	 _
			····	<u>.</u>	_
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	· · · · · · · · · · · · · · · · · · ·	c name of tl	ne new registe	ered
Name of New Registered Agent: CHANGE OF ADDRESS				<u> </u>	-
New Registered Office Address:	1865 BRICKELL AVI	E #A601 Enter Florida street address		· 100-0	-
	MIAMI		ida 33129		
		, Flori	ши		_

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

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	ARMANDO LOSADA PARRA	1865 BRICKELL AVE	□Add
		#A601	□Remove
		MIAMI, FL 33129	■ Change
AMBR	MYRIAM A. VARGAS LUPPY	1865 BRICKELL AVE	□Add
		#A601	□Remove
		MIAMI, FL 33129	⊆ Change
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the record specifies a delayed effect ecord is filed.	tive date, but not an o	effective time,	at 12:01 a.m. on the	ecarlier of: (b) Th	e 90th day after the
Dated 05/31 Armando	2	022			
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Typed or printed name of signec