Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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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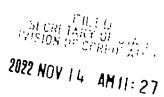
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A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Limit	niity Company as it now annears on our	records.)
(A Flor	nility Company as it now appears on our rida Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 09/16/2019	and assigned
lorida document number L19000233682		
londa document number	` '	
his amendment is submitted to amend the following:	:	
If amending name, enter the new name of the li	imited liability company here:	•
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
leter Thomas 36 annih aktor	· ·	
nter new mailing address, if applicable:	<u></u>	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
 If amending the registered agent and/or registe gent and/or the new registered office address her 		enter the name of the new regist
gent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address :
	Enter Florida stree	, Florida

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.

□ Change

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
MGR	GABRIEL SULTAN	12000 BISCAYNE BLVD SUITE 400	= Add
		MIAMI FL 33181	Remove
			☐ Change
			🗆 Add
			Remove
			☐ Change
			□Add
			Remove
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Effective date, if othe	r than the date of	filing:		(optional)	Pursuant to 605.020
Effective date, if other (If an effective date is listed Note: If the date insert document's effective date.)	, the date must be specified in this block does	not meet the applicable	statutory filing requ	airements, this date v	vill not be listed as
he record specifies a dela ord is filed.	ayed effective date, b	ut not an effective time,	at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
1.1.	06				
المادلين	disp				
Dated October		re of a member or authorize			

Typed or printed name of signee