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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H19000309052 3

(Name of the Limited Liability Company a (A Florida Limited Liab	is if now appears on our records.) http://ompany)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000247255</u>	re filed on OCTOBER 11, 2019 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
HEAT SEEKER LLC	35.
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "Id:C" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	D
-	52 =
en en 1900 de la lacona de ambientano	
Enter new mailing address, if applicable:	F
(Mgiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of
New Registered Office Address:	The state of the s
	Enter Florido street address
	. Florida
	City Zip Code

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

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H19000309052 3 MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name . ______O Add □ Remove ____ □ Remove _____ Add _____ Add _____ □ Remove

If amending any ot	her information, enter ch	ange(s) bere:	: (Attach additional she	ets, if necessary.)	
				H19000	309
 					
····					
Effective date, if of (The effective date must be the date this document i	her than the date of filing the specific, cannot be prior to dat to filed by the Florida Departmen	e of receipt or file t of State)	ed date and cannot be more t	(optional) han 90 days after	
Dated OCTOBER	17	2019			
a			rized representative of a me		
ANDRE	W RICIGLIANO	nember of author	nzeu representative of a mei	NOCT	
		Typed or printer	d name of signee		