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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

<u>sears on our records.)</u> y)
L19000284458 and assigned
<u>/ here</u> :
ne designation "LLC" or the abbreviation "L.C."
<u> </u>
<u></u>
on our records, enter the name of the ne
Florida street address
, Florida
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

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>	<u>Address</u>	Type of Action
MGR	Andres Betancourt	CALLE 2 RESIDENCIAS VILLA ADRIANA	☑ Add
		APTO 52A TERRAZAS DEL AV	ILA □ Remove
		CARACAS., MI 1073 VE	🗆 Change
			Add
		 	□ Remove
			Change
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
		D Add	
		*****	Remove
			Change
			🖸 Add
			☐ Remove
			☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 17 2020
	Rilly tak Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Riley Park Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00