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(((H24000213113 3)))



H240002131133ABCR

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083 Phone : (954)474-8000 Fax Number : (954)474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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PV 3842 FORMULA LLC

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000213113 3

(Name of the Limited Lightlity Com	RMULA LLC		
(Name of the Limited Liability Com) (A Florida Limited	ралу as it now appears	on our records.)	
•			
The Articles of Organization for this Limited Liability Compan	y were filed on	2/18/2020	and assigned
Florida document number L20000054946			and malkited
Chia			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	hility compone has		
- Table	builty confinanty fier	<u>v</u> .	
he new name must be distinguishable and contain the ward.			
he new name must be distinguishable and contain the words "Limited Linb	olity Company," the des	ignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET ADDRESS			
0.4			
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ntor now mailing address if some			
nter new mailing address, if applicable:			·
Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>	
. •			
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our rec	ords, <u>enter the name</u>	of the new regi
ent about the new tepistered office address here:			~
	•		<u> </u>
Name of New Registered Agent:			<u></u>
			2
New Registered Office Address:			
New Registered Office Address:	Enter Florida	street address	<u> </u>
New Registered Office Address:	Enter Florida		
New Registered Office Address:		street address :	
	City		Zip Cade
ew Registered Agent's Signature, if changing Registered Agent:	City	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agr	City ee to act in this ca	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agre- rovisions of all statutes relative to the proper and complete	City ee to act in this cap performance of m	, Florida	Zip Code Zip Code Grant Gran
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agre- rovisions of all statutes relative to the proper and complete coept the obligations of my position as registered agent as t	City ee to act in this cap performance of m provided for in Che	pacity. I further agrey duties, and I am far	Zip Code Zip Code Grant Gran
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agre- rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office	City ee to act in this cap performance of m provided for in Che	pacity. I further agrey duties, and I am far	Zip Code Zip Code Grant Gran
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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

H24000213113 3

<u>Title</u>	Name	Address	Type of Action
AMBR	Karen Dombusch	3842 NE 199th Terrace	_
		Aventura, FL 33180	
·			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
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is filed.	and a monitor difference del	el nar nor wil etiletiine intie' i	a 12.VI a.m. on the earlier	of: (b) The 90th day after the
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iled	June 18, 2024			^
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	2 gan	sture of a member or authorized	representative of a member	

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