Division of Corporations

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Account Name : LEGAL TEAM PLLC Account Number : I20210000040 Phone : (786)307-2393 Fax Number : (786)524-3342

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Email Address: KSUAREZ@LEGALTEAMSERVICES.COM

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OccuSign Envelope ID: E86FE89C-0E53-4871-933D-A76F78F6BE8A **COVER LETTER** TO: Registration Section Division of Corporations THE LEGAL TEAM, PLLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karel Suarez Name of Person Firm/Company 1815 SW-85 Court Address Miami, FL 33155 City/State and Zip Code ksuarez@legalteamservices.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Karel Suarez Name of Person Enclosed is a check for the following amount: S60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Centified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed)

MailingAddress:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 StreetAddress:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From; Karel Suarez

Page, 3 of 5 DocuSign Envelope ID: E86FE89C-0E53-4871-933D-A76F78F68E8A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LEGAL TEAM, PLLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000077733	were filed on March 16, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2822
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registere
agent and/or the new registered office address here:		S PH
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	5 6
	. Florida	
	City	Zip Code

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.

DocuSign Envelope ID: E86FE89C-DE53-4871-933D-A76F78F6BE8A Trainending Authorized rerson(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:

Title	<u>Name</u>	Address	Type of Action
S T Mgr	Claudia Herbello	1815 SW 85 Court	🗀 Add
		Miami, FL 33155	■Remove
			□ Change
			□Add
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			Change
			□Add
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ffective date, if other than the of an effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De	ock does not meet the app	licable statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not b	to 605,0207 be fisted as
record specifies a delayed effective f is filed.	date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th da	y after the
November 9	2022	·		
	Docus	Succession of a state		