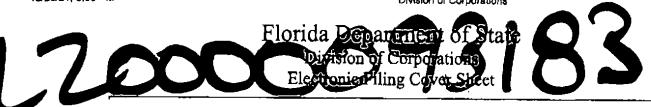
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	. <u> </u>
To:		
10:	Division of Corporations	
	Fax Number : (850)617-6383	72 2
From:		779
	Account Name : LICENSES & PERMITS LLC	·
	Account Number : I20210000155	
	Phone : (305)226-8727	. 0
	Fax Number : (305)226-8767	9

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFESIONAL FIRESTOP LLC

**2021 DEC 27 AM 10: 17** 7411 ÁBASCÉL LÍCHAÐ

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L20000093183  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the absence new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name	
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	e of the new register
The state of the s	
New Registered Office Address:	<u>.</u>
Enter Florida street address	
, Florida	<del></del>
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with 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 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

Title	Name	Address	Type of Action
MGR	LERENA HERWANDEZ, YOSET Y.	8101 SW 72 AVE, 109 W	□Add
	YOSET Y.	MIAMI, FL 33143	Bremove
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iffective date, if other than the date of filing:  I an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the application of the date on the Department of State's record of the date of the date of the date of the date.	(optional)  r to date of filing or more than 90 days after filing.) I  cable statutory filing requirements, this date w	Pursuant to 605.020 ill not be listed a
record specifies a delayed effective date, but not an effective l is filed.	ime, at 12:01 a.m. on the earlier of: (b) The	90th day after the
DEC. 23 2021	<u>_</u> .	
pated DEC. 23 , 2021		