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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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

## 120 SE VIA SAN MARINO LLC

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

| 120 SE VIA SAN MARINO LLC  |   |   |
|--|---|---|
| (Name of the Limited Liability Company<br>(A Florida Limited Liab  | as it now appears on our records.)<br>sility Company)                 |   |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L20000181018</u>   | ere filed on 07/06/2020   | and assigned                                    |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited liabilit  | y company here:   |   |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or th                                 | e abbreviation L.18                             |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <u> </u>  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | dress on our records, <u>enter the n</u>                              | ame of the new registered                       |
| ment and of the letter transfer and the same |   |   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   | Enter Florida street address  |   |
|  | , Florida   | Zip Code  |
|  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.  | erformance of my duties, and I a<br>ovided for in Chapter 605, F.S. ( | om familiar with and<br>Or, if this document is |

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> | Name           | Address                   | Type of Action  |
|--------------|----------------|---------------------------|-----------------|
| MBR          | ZEITGEIST, INC | 1931 CORDOVA RD #301      |                 |
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| C. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the  | ust be specific and c<br>block does not me | cannot be prior to d<br>cet the applicable | ate of filing or mor<br>statutory filing                          | (option (option) (opt | filling.) Pursuant (                   | to 605.0201<br>e listed as | 7 (3 Xb)<br>3 the |
| f the record specifies a delayed effect<br>secord is filed.  | ive date, but not a                        | in effective time,                         | at 12:01 a.m. on  | the earlier of: (b   | The 90th day                           | y after the                |                   |
| Dated July 28  | ·  | 2020                                       | \$  |  |  |                            |                   |
|  | Signature of a m                           | ember or authorize                         | d representative o  | í a member   |  |                            |                   |
| Carmi Diblii Arromov   | in Fact                                    |  |   |  |  |                            |                   |
| Saray Djidji, Attorne  |  | Typed or printed n                         | ame of signee   |  |  | <del></del>                |                   |