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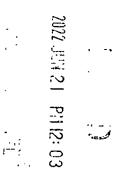
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TO:					
	M/	GNETIV		*	
SUBJE	C1:		Name of Lim	ited Liability Company	·
The enc	losed Art	ANOUK SARRIS Name of Person Anouk Sarris Firm/Company S830 Fontainebleau Blvd Apt 204 Address Miami, Fl 33172 City/State and Zip Code anouksarris@gmail.com E-mail address: (to be used for future annual report notification) Annual Sarris Area Gode Daytime Telephone Number			
Please r	eturn all	correspone	dence concerning this matter	to the following:	
			–		
			,	Name of Person	
				Rusuk Samis	
				Firm/Company	
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				City/State and Zip Code	
			E-mail address: (to be used for future annual report noti	ification)
For furt	her infori	nation cor	neerning this matter, please c	all:	
SCARI.	ETT AL	VAREZ		786 422-5015	
		Name of I	² erson	Area Code Daytim	ne Telephone Number
Enclose	d is a che	ck for the	following amount:		
¥ \$25	.00 Filin	g Fee	1) \$30,00 Filing Fee & Certificate of Status	[7] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 21 PH 12: 03

MAGNETIVE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		,
The Articles of Organization for this Limited I Florida document number 1.20000266278	Liability Company were filed on 08/26/2020	and assigned
Profita document number	- · - ·- ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	EBON)	
		•
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the</u> ess here:	name of the new registered
Name of New Registered Agent:		· - •
New Registered Office Address:	Enter Florida street address	
	, Florid	da 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.

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To amending 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ANOUK SARRIS	8830 Fontainebleau Blvd # 204	[†] lAdd
		MIAMI, FL 33172	≡ Remove
			FiChange
MBR	VINCENZO D'AMICO	3330 NE 190TH STREET # 415	≓∆dd
		AVENTURA, FL 33180	: IRemove
		·· ·	1 JChange
			_ ^ !Add
			Remove
			LiChange
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1 | Change

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Signature of a member or authorized representative of a member

MBR

Typed or printed name of signee

Filing Fee: \$25.00