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From:

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Account Number : I20000000019
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY TRUST COMMUNITY SERVICE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FAMILY TRUST COMMUNITY SER	VICE LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabil	lity Company were filed on 10/01/2020	and assigned
Florida document number L20000310314	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LIC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		me of the new registered
	·····	2022
Name of New Registered Agent:		<del></del>
New Registered Office Address:		28
	Enter Florida street address , Florida	PH CONF
_	City:	Zip Code
New Registered Agent's Signature if changing Pagis	stored Agents	🚤

ed 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. DocuSigned by:

If Changing Registered Agent, Signature of New Registered Agent

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II 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>	Name	Address	Type of Action
MBR	NAILEN TOLEDO	15602 SW 63 TERR	[] Add
		MIAMI, FL 33193	
			□ Change
			□Add
			□Change
		<del></del>	□Remove
			Change
<del></del>			
			☐ Change
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change

LAZARUS CORPORATE

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Signature of a member or authorized representative of a member Typed or printed name of signee

DocuBianed by:

Filing Fee: \$25.00

2022

Dated MAY 5TH

YANIRY CAMACHO