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2020 DEC 28 PM 1: 36 SECRETARY OF STATE

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION . 2020 DEC 28 PH 1: 36

OF

SECRETARY OF STATE TALLAHASSEE, FL.

		AUSTRAL ID, LLC	
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our reco liability Company)	<u>) (18.) </u>
The Articles of Organization for this Limited L	iability Company	were filed on 10/20/2020	and assigned
Florida document number <u>L20000332624</u>	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
AUSTRAL ID, LLC			to the state of th
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.E.C.
Enter new principal offices address, if applicable:		8140 SW 162nd Path	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33193	<u> </u>
Enter new mailing address, if applicable:		8140 SW 162nd Path	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33193	
B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:	<u>FERNANDO I</u>	E VALDES PA	
New Registered Office Address:	8140 SW 162n	d Path Enter Florida street add	lress
	Miami	•	Florida <u>33193</u>
		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.

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
MGR	SERGIO S MAZZONI	424 LUNA BELLA LANE #320	□Add
		NEW SMYRNA BEACH, FL 32168	🖺 Remove
			Change
MGR SERGIO ESTEBAN MAZZONI	SERGIO ESTEBAN MAZZONI	424 LUNA BELLA LANE #320	≣ Add
		NEW SMYRNA BEACH, FL 32168	□ Remove
			□Change
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Effectiv	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documei	nt's effective date on the Department of State's records.
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is file	
Dated _	12/23 2020
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	Signature of a member or authorized representative of a member
	/ ' /
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Filing Fee: \$25.00