

L20 000 332624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

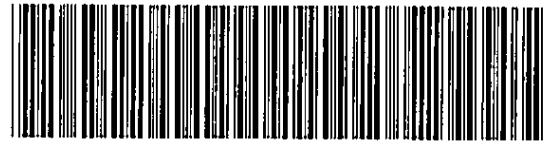
(Business Entity Name)

(Document Number)

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2020 DEC 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 DEC 28 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FL.

AUSTRAL ID, 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 Liability Company were filed on 10/20/2020 and assigned Florida document number L20000332624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AUSTRAL ID, LLC

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 applicable:

8140 SW 162nd Path

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33193

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 registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FERNANDO E VALDES PA

New Registered Office Address:

8140 SW 162nd Path

Enter Florida street address

Miami

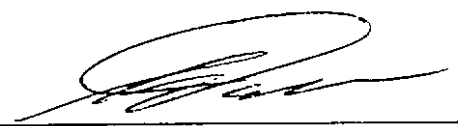
City

Florida 33193

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SERGIO S MAZZONI</u>	<u>424 LUNA BELLA LANE #320</u>	<input type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL 32168</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>SERGIO ESTEBAN MAZZONI</u>	<u>424 LUNA BELLA LANE #320</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL 32168</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

