Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

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Prone Fax Number : (305)599-0839 : (305)592-9591

\*\*Enter the email address for this business entity to be used for future

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Electronic Filing Menu

Corporate Filing Menu

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NOV 1 : 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PODICINALGIAC

(Name of the Limited Liability Company (A Florida Limited Liab	at it now appears on our records.)  This company)
The Articles of Organization for this Limited Liability Company we Florida document number 1.20000333897	ere filed on 10/29/2020 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:
	<b>26</b>
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:	
(Principal office uddress MUST BE A STREET ADDRESS)	<u> </u>
<u>-</u>	
	==
Enter new mailing address, if applicable:	10. <u>U</u>
(Mailing address MAY BE A POST OFFICE BOX)	
_	
3. If amending the registered agent and/or registered office addigent and/or the new registered office address here:  Name of New Registered Agent:	ress on our records, enter the pame of the new regist
Mary Danistand Office Address	
New Registered Office Address:	Enter Florida street address
	. Florida
<del>-</del>	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
AMBR	COLUMBUS LLC	444 BRICKELL AVENUE SUITE 428	
		MIAMI, FL 33131	<b>≅</b> Remove
			Change
AMBR BRITSY LLC	BRITSY LLC	444 BRICKELL AVENUE SUITE 428	<b>=</b> Add
	MIAMI, FL 33131	□Remove	
		□Change	
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lt an effecti	e date, if other than the date of filing:
131110 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	and the second s
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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