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From:

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Fax Number : (786)713-1940

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **REYNOSO & DUVAL LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REYNOSO & DUVAL LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	4	ı
The Articles of Organization for this Limited Liability Company	were filed on 12/01/2020	and assigne	:d
Florida document number L20000375928			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	breviation "L.L.C.	25
Enter new principal offices address, if applicable:	1355 STATE ROAD 436		22 
(Principal office address MUST BE A STREET ADDRESS)	CASSELBERRY FL, 32707	·	WH   17
		7. 1. 0. 1.	-
		카닭	Px
Enter new mailing address, if applicable:		e*-	بب
•			2
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new re	gistered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida street address		
	, Florida	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:	•	тр сове	

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

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If amending Authorized Person(s) authorized to manage, enter the fitte, 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
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	tion, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Proceed does not meet the applicable statutory filing requirements, this date with	ursuant to 605.0 Ill not be listed	0207 (3)(b) i as the
document 5 theory cane on the B	reparament of blate a records.		
f the record specifies a delayed effective ecord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	90th day after	the
Dated JUNE 16TH	, 2022		
	Joaquiu Duval Signature of a member or authorized representative of a member		
4	Signature of a member or authorized representative of a member		
JOAQUIN A. DUVAL			
	Typed or printed name of signer		