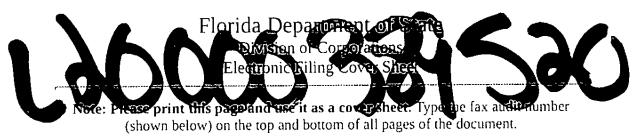
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations		
	Fax Number : (850)617-6	383	
From:	DECYCTEDED	ACCNITE THE	
	Account Name : REGISTERED Account Number : I200900000	NAGENTS INC.	
	Phone : (307)200-2	1803	
<u>ი</u> .	Fax Number : (855)330-1	.010	
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

LUSOREGIO LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000389520	were filed on 12/14/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N	
Principal office address MUST BE A STREET ADDRESS)	STE 300	
	St. Petersburg FL 33702	<u> </u>
Enter new mailing address, if applicable:	7901 4th St N	
Mailing address MAY BE A POST OFFICE BOX)	STE 300	<u> </u>
	St. Petersburg FL 33702	'
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter</u>	the name of the
egistered agent and/or the new registered office address her	<u>e</u> :	- 14 1
Name of New Registered Agent:	<u> </u>	ъ- СВ
New Registered Office Address:		
··-	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Paulina Guerra Schleske	7901 4TH ST N	
		STE 300	□ Remove
		ST. PETERSBURG, FL 33702	Change
AMBR	Claudia del Sagrado Corazon Guerra Martinez	7901 4TH ST N	🖸 Add
		STE 300	☐ Remove
		ST. PETERSBURG, FL 33702	Change
AMBR	JORGE GUERRA MARTINEZ	7901 4TH ST N	🗖 Add
		STE 300	☐ Remove
		ST. PETERSBURG, FL 33702	□ Change
			🗆 Add
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Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in document's effective date on	tte must be specific and his block does not n	cannot be prior to neet the applicab	date of filing or more the statutory filing req	(optional) an 90 days after filing.) Pur- uirements, this date will	suant to 605.0207 (, not be listed as th
the record specifies a de) The 90th day after th	layed effective d e record is filed.	ate, but not a	an effective time	, at 12:01 a.m. on t	he earlier of:
Dated 1/19		2021	.•		
		nember or authoriz	ted representative of a	member	
Morgan	Nobel	Typed or printed			

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