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H210000069603ABCY

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		Ţ	o; Division of Corporations		
			Fax Number : (850)617-6383		
		F	rom :		
			Account Name : BEST VISION ACCOUNTING		
			Account Number : 120150000091 Phone : (305)220-9616		
			Fax Number : (305)220-9617		
		E	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	<u></u>	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Working Latinos, LLC		
(Name of the Li	A Floride Limited Liability Company as it now an (A Floride Limited Liability Compa	<u>nçars oli olur records.</u>) ny)
The Articles of Organization for this Limited Plorida document number <u>L20000390481</u>	Liability Company were filed on	12/14/2020 and assigned
his amendment is submitted to amend the fo	llowing [.]	
. If amending name, <u>enter the new name</u>	of the limited liability company	<u>y liere</u> :
he new name must be distinguishable and contain the Enter new principal offices address, if appl		he designation "LLC" or the abbreviation "L.L.C "
Principal office uddress MUST BE A STRL		
nter new mailing address, if applicable:		<u></u>
<u>Iailing address MAY BE A POST OFFICI</u>	<u> </u>	
If omending the registered agent and/or	registered office address on ou	r records, enter the name of the new register
ent aud/or the new registered office add	ess here:	
Name of New Registered Agent:	Aifio A Vasquez	
New Registered Office Address:	280 SW 20 RD	
<u></u>	Enter 1	Florida street address
		, Florida <u>33129</u>

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

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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

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing If an effective date is listed, the date must be specific and Nole: If the date inserted in this block does not m document's effective date on the Department of St	tot meet the applicable statutory filing requirements, this date will not be listed as
Note: If the date inserted in this block does not m	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as of State's records. not an effective time, at 12:01 s.m. on the earlier of; (b) The 90th day after the 2021
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e record specifics a delayed effective date, but not a d is filed.	, ,, .
sted January 6	Allio A. Vásquez
	Allio A. Vasquez
Signature of a m	f a member or authorized representative of a member
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	Typed or printed name of signee