02/05/2021 1:54 PM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability  Torida document number	Company were filed on <u>01</u>	/06/2021	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the de-	signation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)	<u></u>	021
	A-W-	- = = = = = = = = = = = = = = = = = =	
			01 1
Enter new mailing address, if applicable:		<u> </u>	-
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	1979 1970	
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3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		cords, <u>enter the name</u>	of the new reg
	Enter Florida street address		
New Registered Office Address:	Enter Flori	aa sireer aaaress	
New Registered Office Address:	Enter Flori	, Florida	

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.

02/05/2021 1:54 PM 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>	Address	Type of Action
MBR	Hilary Saunders	10837 GARDEN RIDGE COURT	□Add
		DAVIE, FL 33328	Remove
			□Change
MBR	Jacob Lyman	10837 GARDEN RIDGE COURT	<b>\exists Add</b>
		DAVIE, FL 33328	□Remove
			Change
<u></u>			DAdd
			ПRеточе
			Change
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			□ Change

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ffective date, if other than the an effective date is listed, the date mu	e date of filing:		(optional)	
an effective date is listed, the date mu ote: If the date inserted in this b	ist be specific and cannot be prior to lock does not meet the application	o date of filing or more than ble statutory filing requir	90 days after filing.) Pu ements, this date wil	rsuant to 605.020 not be listed a
ocument's effective date on the I	Department of State's records.	·		
record specifies a delayed effecti is filed.	ve date, but not an effective tir	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90	th day after th
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ated February 5th	2021			
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0. (=	Signature of a member or autho	_		