To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MBA ACTIVATION, LLC

Account Number : I20130000007 Phone : (786)439-9847 Fax Number : {786}345-0666

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sergueipm@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW PAMPA LLC

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JUN 2 4 2022

K. Brumbley

9 ⇔ To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Pampa.	LLC			_		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears bility Company)	on our records.)				
The Articles of Organization for this Limited Liability Company we	ere filed on	01/04/2021	and	assign	eđ	
Florida document number <u>L21000012282</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabilit	ty company her	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or the al	obreviation	"L.L.C		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	·					
(Mailing address MAY BE A POST OFFICE BOX)						
	<u> </u>					
B. If amending the registered agent and/or registered office ad	dress on our re	ecords, enter the nan	ne o <u>f the</u>	new r	egister	red
agent and/or the new registered office address here:			_			
			`-,	2022		
Name of New Registered Agent:						2.
New Registered Office Address:				23	<u>स्</u>	<u> </u>
	Enter Flor	ida street address				
		Florida	777(1)	<u> </u>		<u></u>
	Сиу		. <u>: Zi</u> p C			_
New Registered Agent's Signature, if changing Registered Agent:				ţ-		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of Povided for in C	my duties, and Lam Hapter 605, F.S. Or	-jamitiai :, if this c	r wun docum	ana ent is	he

From

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

Page: 3 of 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jakeline Gutierrez Guerra	7301 SW 97th Ave.	■Add
		Miami, FL 33173	□Remove
		USA	□ Change
			□Remove
			□Change
			□Add
			□Remove
			🖸 Add
			Remove
			☐ (`hange
			□Add
			□Remove
			☐ Change

Signature of a member or authorized represen

Cindy J. Giron Gutierrez Typed or printed name of signee