# Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### 3615167403 LLC

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AUG 17 2023

# TO ARTICLES OF ORGANIZATION. . OF

3615167403 LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	01/15/2021	and assigned
Florida document number L21000013522		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or :	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	`~	29
•	·	29
(Mailing address MAY BE A POST OFFICE BOX)		') 
B. If amending the registered agent and/or registered office address on our	records, enter the	name of the new regist
B. If amending the registered agent and/or registered office address on our	records, enter the	') 
B. If amending the registered agent and/or registered office address on our	records, enter the	name of the new regist
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our		name of the new regist
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:		name of the new regist

#### 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.

City

Zip Code

08/17/2023	15:23
007177023	10.20

\_\_\_\_\_PAGE\_\_\_03/04

## 08/17/2023 15:23 3052201440 LAZARUS CORPORATE or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MIGUEL NUNEZ	1779 NE 181 ST ST	
		NORTH MIAMI BEACH, FL 33162	·
			□ Change
			□Add
			ERemove
			🗆 🗆 Change
			□Remove
		□Add	
			□Remove
			□Change
			□Remove
			🗆 Change
			DAdd
			□Remove
			□ Change

	tive date, if other than the date of filing:  [Coptional]  [Coptional]
ha reco ord is (	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the fled.
Dated	August 16 . 2023.
	Signature of a member or authorized representative of a member
	PERSONAL DESCRIPTION OF TRANSPORTED FOR THE PROPERTY OF A COMMANDA
	OSCAR I COLLAO