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To:

Division of Corporations

Fax Number : (650) 617-6383

From:

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Addount Name : CONTADORMIAMI.COM INC

Account Northal : 100260800130 Phone : (954)345-7888 Fax Number : (786)712-1940

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* Page: 3 of 5

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ARTICLES OF AMENDMENT TO 4 ARTICLES OF ORGANIZATION . OF

MDD39 LLC		
(Name of the Limited Liability C (A Fiorida Lin	ompany as it now appears on our records.) mated Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L21000021479	pany were filed on 01/07/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		7122 FE
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		terribe name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ester Florida street address	
	Florida	
	Cy_t	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

18506176380

Page: 4 of 5

2021-02-05 15:34:02 GMT

17867131940

From: TaxLeaf com

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DIAS DA SILVA, MARIA	501 NE 31TH ST UNIT 2602	Add
		MIAMI, FL 33137	□ Remove
			■ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			□ Remove
		☐ Change	
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	P-1-2-17-17-17-17-17-17-17-17-17-17-17-17-17-	☐ Change	
		D \\dd	
		□ Remove	
			☐ Change

From: TaxLeaf.com

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Signature of a member or authorized representative of a member	Dated	FEBRUARY 5TH , 2021
	·	Injudical week.
FLOR MEDINA		
Typed or printed name of signee		FLOR MEDINA

Page 3 of 3