Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004452003)))



H210004452003ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&C ORGANIZATION, LLC.

| Certificate of Status | 0       |
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| Page Count            | 04      |
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DEC - 8 2021

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000445200 3)))

| M&C ORGANIZATION, LLC.                                  |   | 2021<br>PALL   |
|---|---|--|
| •   | ited Linbility Company as it now appears on our records )                                       | - <u>A</u>   |
| (1921) Of the Direct                                    | ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | DEC AHAS   |
|   |   | SE I   |
| The Articles of Organization for this Limited L         | iability Company were filed on 01/08/2021   | FILE D FILE D ANSSEE FLOR  |
| Florida document number L21000023303                    |   | PH 2: 3:<br>FLORID   |
|   | ·   | .S. S.   |
| This amendment is submitted to amend the foll           | lowing:   | 3F 35  |
|   | _   | > 2  |
| A. If amending name, enter the new name of              | of the limited liability company here:  |  |
|   |   |  |
| The new panic must be distinguishable and contain the v | words "Limited Liability Company," the designation "LLC" or t                                   | he abbreviation "LLC"  |
| · ·   |   | us of the same |
| Enter new principal offices address, if applic          | cable:  |  |
| (Principal office address MUST BE A STREE               | ET ADDRESS)   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:               |   |  |
| (Mailing address MAY BE A POST OFFICE                   |   |  |
|   | , , , , , , , , , , , , , , , , , , ,   |  |
|   |   |  |
|   |   |  |
| B. If amending the registered agent and/                | for registered office address on our records, en  | ter the name of the new  |
| registered agent and/or the new registered of           | ffice address here:   |  |
|   |   |  |
| Name of New Registered Agent:                           | SANDRA TELLEZ   |  |
| Take division traditional regular.                      |   |  |
| New Registered Office Address:                          |   |  |
|   | Enter Florida street address  |  |
|   | Plantila  |  |
|   | Ciny , r ioriua   | Zin Coda   |

## 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.

Sandra Tellez
If Changing Registered Agent. Signature of New Registered Agent

From: Hector Rodriguez \* Fax: 18863534403

To: Sumbiz LLC

Fax: (850) 617-6383

Page: 3 of 4 12/06/2021 10:46 PM (((H21000445200 3)))

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 | Name               | Address             | Type of Action |
|-------|--------------------|---------------------|----------------|
| MGR   | SANDRA MISS JAIMES | 420 NW 147TH STREET |                |
|       |                    | MIAMI, FL 33168     | ■ Remove       |
|       |                    |                     | □ Change       |
| AMBR  | SANDRA TELLEZ      | 420 NW 147TH STREET | ≌ Add          |
|       |                    | MIAMI, FL 33168     | □ Remove       |
|       |                    |                     | ☐ Change       |
|       |                    |                     | □ Add          |
|       |                    |                     | ☐ Remove       |
|       |                    | W. W                | Change         |
|       |                    |                     | □ Add          |
|       |                    |                     | ☐ Remove       |
|       |                    |                     | Change         |
|       |                    |                     |                |
|       |                    |                     | □ Remove       |
|       |                    |                     | Change         |
|       |                    |                     |                |
|       |                    |                     | ☐ Remove       |
|       |                    |                     | □ Change       |

| n: Hector Rodriguez                   | * Fax: 1866.j534403  | To: Sunbiz LLC   | Fax: (850) 617-6383         | (((H21000445200                   | 706/2021 10:46<br>3))) |
|---------------------------------------|--|--|-----------------------------|-----------------------------------|------------------------|
| D. If amend                           | ing any other inform                                       | nation, enter change(s) here   | e: (Attach additional       | sheets, if necessary.)            |                        |
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| E. Effective of                       | date, if other than th                                     | e date of filing:  |                             | (optional)                        |                        |
| (If an effectiv<br><u>Note:</u> If th | o date is listed, the date m<br>ne date inserted in this b | ust be specific and cannot be prior<br>block does not meet the applica<br>Department of State's records. | able statutory filing requ  | an 90 days after filing.) Pursuan |                        |
|                                       | l specifies a delaye<br>th day after the re                | ed effective date, but not cord is filed.  | t an effective time,        | at 12:01 a.m. on the              | earlier of             |
| Dated                                 | CEMBER 6   | . 2021   |                             |                                   |                        |
|                                       |  | d 3<br>Dignature of a member or author   | rized representative of a n | nember =                          | <u>-</u>               |
|                                       | SANDRA TELLEZ  |  |                             | À                                 | 2021 DEC -7            |
|                                       |  | Typed or printe  | d name of signee            | म<br>स<br>इड                      | C -7                   |

Page 3 of 3

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