From: Martin Collante

5/9/22, 10:00 AM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

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

Email	Address:_		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MODERN INTERIORS WORKS LLC

Certificate of Status	0
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K. Brumbley

From: Martin Collante

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	AODERN INTERIO	OR WORKS LLC				
(Name of the Limit	red Liability Compa (A Florida Limited L	ny as it now appears (sability Company)	on our records.)		_	
The Articles of Organization for this Limited L Florida document number		were filed on	03/10/2021	an	d assign	ecd
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new пате о	f the limited liabi	lity company here	:			
The new name must be distinguishable and contain the ween the new principal offices address, if applications of the second office address MUST BE A STREE	sable:	ity Company," the des	ignation "LLC" or t	he abbreviation	on "L.L.C	
Enter new mailing address, if applicable:	POV:	13456 NW 38TH OPA LOCKA, FL	· · · · · · · · · · · · · · · · · · ·			
Mailing address MAY BE A POST OFFICE	<u>(11/74)</u>					
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	iddress on our rec	ords, enter the	name of th	2062 HA)	egistere
Name of New Registered Agent:	CARMONA TI	ERROALBA, PEDR	О Р	: + <u>]</u>	-9	
New Registered Office Address:	13456 NW 38T		la sircei address	***	P	ِنَّىٰ اِ
	OPA LOCKA	Enier Floria		33054	မှ က	;
		City	,	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, Signuture of New Registered Agent

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
MGR	AZOCAR GUEVARA JUVENAL A	10790 S GOLFVIEW DR	□ Add
		PEMBROKE PINES, FL 33026	■Remove
			□ Change
AMBR	AZOCAR QUINTERO JUVENAL E	10790 S GOLFVIEW DR	□Add
		PEMBROKE PINES, FL 33026	Remove
			Change
AMBR	GONZALEZ, ROSMARY	13456 NW 38TH CT	■Add
		OPA LOCKA, FL 33054	□Remove
			☐ Change
AMBR	CARMONA TERROALBA, PEDRO Ρ	10790 S GOLFVIEW DR	DAdd
		PEMBROKE PINES, FL 33026	= Remove
			□Change
AMBR	CARMONA TERROALBA PEDRO P	13456 NW 38TH CT	\exists Add
		OPA LOCKA, FL 33054	□Remove
			Change
			□Add
			□Remove
			DChange

From, Martin Collante

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e recon	I 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 ed.
Dated	Signature of a member or authorized representative of a member
	JUVENAL E AZOÇAR QUINTERO
	Typed or printed name of signee