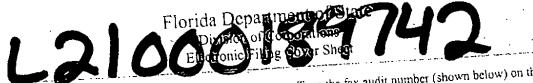
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Division of Corporations

Fax Number : (850)617-6383

Account Name : ALBER TAX ACCOUNTANT

Account Number : 120150000098

Phone

: (305)713-9142 : (815)550-9948

Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INUK GROUP, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 2 of 4

## , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INUK GROUP, LLC			
(Name of the Limit	ed Liability Company as it now appears ( (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Life Included Action of Organization for this Limited Life Included Includ	ability Company were filed on 04/2.	3/2021 and a	ssigned
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name o	f the limited liability company ber	<u>e</u> ;	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the des	signation "LLC" or the abbreviation	'L.L.C."
Enter new principal offices address, if applic	_	2 <del>- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -</del>	702/2
Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>	<del>2</del> 2
Enter new mailing address, if applicable:			<u>က္</u> ယ
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		±5
B. If amending the registered agent and registered agent and/or the new registered of	office address here:		ne of the ne
Name of New Registered Agent:	COCUZZA, MARTIN AUGUSTO	)	
New Registered Office Address:	7410 SW 147 COURT  Enter Flor	ida street address	· · · · · · · · · · · · · · · · · · ·
	MIAMI	, Florida FL 33193	
•	MINIMU		

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 at 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

Page I of 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

Page: 3 of 4

<u>Title</u>	Name	Address	Type of Action
MBR	Navarro Sarmiento, Maria P.	7410 SW 147 COURT	
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From: JUAN ALBE

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Page 3 of 3

Filing Fee: \$25.00