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(((H21000261400 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : I20140000098 Phone : (786)372-1391 Fax Number : (786)762-2589

\*\*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 **BERMUDA SHORTS LLC**

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210002614003

BERMUDA SHO (Name of the Limited Liability Comp. (A Florida Limited	ORTS LLC  pany as it now appears on our records.)  d Liability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of	y were filed on06/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N / A		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N / A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N / A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new register
Name of New Registered Agent:		*** C
New Registered Office Address:	N / A  Enter Florida street address Florida	PHI2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	评 <b>o</b>

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

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 # 210002614003

Title	Name	Address	Type of Action
MGR	MARTINEZ, JOSE L	7500 NW 25TH STREET	□Add
		SUITE 246	DRemove
		МІАМІ FL 33122	= Change
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H 210002614003

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	•				JUL Aria	
record specifies a de is filed.	elayed effective date, b	ut not an effective time	e, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day 10	er the
					TE P	<u>C</u>
ated	July 6m	2021	.·		PM 12: 46 Yelorio	
		MM			₩ <b>•</b>	
	Signatur	e of a member or authori	zed representative of a	member		

#210002614003

Filing Fee: \$25.00