Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABAINI & MORENO LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lir | SABAINI & M | IORENO LLC | | | |
|--|------------------------------|--|----------------------------------|--|--|
| | (A Florida Limited | pany as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited | Liability.Compan | V more State JUNE 22ND 2021 | | | |
| Florida document number L21000289487 | ————— | y were filed on 19112 2210, 2021 | and assigned | | |
| This amendment is submitted to amend the fo | llowing: | | | | |
| A. If amending name, enter the new name | | bility company hero | = | | |
| | | | S A SEL | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation "LLC" or the | abbrevission of the control | | |
| Enter new principal offices address, if appli | cable: | 10887 NW 17TH ST UNIT 206 | 一 " | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | MIAMI, FL 33172 | E P | | |
| | | | NIT 206 TEN PER STATE AMO: 17 | | |
| _ | | | £1 00 m | | |
| Enter new mailing address, if applicable: | | 10887 NW 17TH ST UNIT 206 | 5 | | |
| Mailing address MAY BE A POST OF FICE | BOX) | MIAMI, FL 33172 | | | |
| | | | | | |
| B. If amending the registered agent and/or. | registered office : | address on our records, enter the gan | ie of the new registered | | |
| agent and/or the new registered office addre | ss <u>here</u> : | | a volume de la legistereo | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 10887 NW 17TH ST UNIT 206 | | | | |
| · | Enter Florida streei address | | | | |
| | MIAMI | | 172 | | |
| | , | 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 um 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

3052201440

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 | Time of Andi- |
|-------|---------------------------------|------------------|--|
| MGR | Victor Manuel Moreno Sepulveda | 10887 NW 17TH ST | Type of Action |
| | | MIAMI, FL 33172 | ————— □Add |
| | | | □Remove |
| MGR | Marcela Ivonne Sabaini Calderon | | —————————————————————————————————————— |
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| If amending any other i | | <u> </u> | | | | | |
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Typed or printed name of signee