

L2100000295726  
Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
S2TG PROFESSIONAL SERVICES LLC**

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TALLAHASSEE, FLORIDA  
2021 JUL 17 AM 11:00  
7/19/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S2TG PROFESSIONAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records: (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 25, 2021 and assigned Florida document number L21000295726

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

244 NW 72ND TERRACE, APT 505

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33150

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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, 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EMNY F TOVAR	244 NW 72ND TERRACE. APT 505	<input type="checkbox"/> Add
		MIAMI, FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMNY F TOVAR BOLIVAR	244 NW 72ND TERRACE. APT 505	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMARILYS P GUILLEN	244 NW 72ND TERRACE. APT 505	<input type="checkbox"/> Add
		MIAMI, FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMARILYS P GUILLEN VASQU	AMARILYS P GUILLEN VASQUEZ	<input checked="" type="checkbox"/> Add
		244 NW 72ND TERRACE. APT 505	<input type="checkbox"/> Remove
		MIAMI, FL 33150	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

