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From:

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Account Number : I20000000083 Phone : (305)932-6262

Fax Number : (305)933-9393

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PILUS INVESTMENT, LLC

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ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

PILUS INVESTMENT, LLC		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our reco- ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000338469</u>	my were filed on _07/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	Jability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recordere:	is, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	gree to act in this capacity. I fi te performance of my duties, a is provided for in Chapter 605, ca address, I hereby confirm th	ind I am familiar with and F.S. Or, if this document is that the limited liability
If CI	banging Registered Agent, <u>Signature</u>	of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}\mathbf{u}$	thorized Member		
Title	Name	Address	Type of Action
MGR	Julieta Monsonis	2875 NE 191st Street, Suite 80)1 ■ Add
		Aventura, FL 33180	Remove
			<u> </u>
			□ Remove
			
			C Add
			□ Remove

	 Remove
 	 Add
	 Remove
 	 Add

_____ Remove

Effective date, if other than the date of filing: The effective date must be specific, cumon be prior to date of receipt or filed date and cat the date this document is filed by the Florida Department of State)	(optional) innot be more thin 90 days after
Dated December 6 2021	
1000	
Signature of Amender to surfaceized represent	
tulists Managada (/	2021 DE
Julieta Monsonis	

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