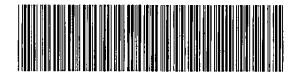
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| | Name of Lim | ited Liability Company | |
| l Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| all correspond | dence concerning this matter | to the following: | |
| | CASEY CUMMINGS | | |
| | | Name of Person | |
| | ROSENBERG & CUMMI | NGS PLLC | |
| | | Firm/Company | |
| | 802 NE 20TH AVE | | |
| | | Address | |
| | FORT LAUDERDALE FI | , 33304 | |
| | | City/State and Zip Code | |
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| iformation cor | ncerning this matter, please ca | all: | |
| MMINGS | | 954 769-1344 | |
| Name of I | Person | Area Code Dayti | me Telephone Number |
| check for the | following amount: | | |
| iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed: |
| gistration Se | ection | Street Address:7 Registration S | ection |
| i . | Articles of A all correspond MMINGS Name of I check for the filing Fee gistration Science Science of Science Science of Science of A all corresponds to the filing free of the science of | Articles of Amendment and fee(s) are subsall correspondence concerning this matter CASEY CUMMINGS ROSENBERG & CUMMI 802 NE 20TH AVE FORT LAUDERDALE FI CASEY @ ROSENBERGCU E-mail address: in formation concerning this matter, please ca MMINGS Name of Person I check for the following amount: Tiling Fee | Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing, all correspondence concerning this matter to the following: CASEY CUMMINGS Name of Person ROSENBERG & CUMMINGS PLLC Firm/Company 802 NE 20TH AVE Address FORT LAUDERDALE FL 33304 City/State and Zip Code CASEY & ROSENBERG CUMMINGS COM E-mail address: to be used for future annual report no afformation concerning this matter, please call: MMINGS 954 769-13-14 at (|

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LFR REFERRAL LLC | | |
|---|---|-------------------------------|
| (A Florida Lunited Liability Comp (A Florida Lunited | any as it now appears on our record Liability Company) | ds., } |
| The Articles of Organization for this Limited Liability Company | y were filed on 08/04/2021 | and assigned |
| Florida document number 1.21000351957 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited lial</u> | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC | " or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | 27 7 |
| | | 7/4 TO THE |
| | | mr in the same |
| Enter new mailing address, if applicable: | | TI - |
| Mailing address MAY BE A POST OFFICE BOX) | | [r] — |
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| | | |
| 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 name of the new regist |
| gent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (FEE 10-1 | |
| | Enter Florida street addre. | 88 |
| | | lorida |
| | 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.

DocuSign Envelope ID: 9466E36E-7193-4DD7-B842-2940856983E8 in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our regords:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---------|--|
| MGR | CAMILA RIVERA | | □ Add |
| | | | ■Remove |
| | | | □Change |
| BKR | ROGER READER | | □Add |
| | | | Remove SECR FICHANIE |
| MGR | ERIC BEANE | | SECRETARY OF STATE |
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| | ling any other information, enter change(s) here: (Attach add | |
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| Effective | date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or | (optional) r more than 90 days after filing.) Pursuant to 605,020 |
| <u> Note:</u> If t | the date inserted in this block does not meet the applicable statutory files effective date on the Department of State's records. | ling requirements, this date will not be listed as |
| he record sp ord is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.r | n, on the earlier of: (b) The 90th day after the |
| | 12/27/2023 | |
| Dated | DocuSigned by. | |
| | Signature of a member or authorized representat | |
| | | ive of a member |
| | Camila Rivera | : |