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Division of Corporations

Fax Number : (850)617-6383

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From: JSD & COMPANY CPA Fax: 13059015793

To: Fax: (850) 617-6383

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ARTICLES OF AMENDMENT To:

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09/30/2021 9:21 AM

ARTICLES OF ORGANIZATION **OF**

(Name of the Limited (A		HT SERVICE LI		SEP 30
The Articles of Organization for this Limited Liab	 ·	were filed on	09/21/2021	and assi
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	<u>he limited liab</u>	<u>inty company ne</u>	<u>re</u> :	
N/A The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	0X)	N/A		
B. If amending the registered agent and/or reg	gistered office a	address on our r	ecords, enter the	name of the new registered
agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	Wilson L. Cuervo Colina			
New Registered Office Address:	800 SW 12		uda street address	
		FORT LAUDEF	RDALE, Florida	a <u>33315</u> 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

From: JSD & COMPANY CPA Fax: 13059015793

n: JSD & COMPANY CPA Fax: 13059015793 To: Fax: (850) 617-6383 Page: 3 of 4 09/30/2021 9:21 AM

II Amending Authorized rerson(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>	Address	Type of Action
MGR	WILSON L. CUERVO MOLINA	800 SW 12TH PL	□Add
		FORT LAUDERDALE, FL 33315	Remove
			Change
MGR	WILSON L. CUERVO COLINA	800 SW 12TH PL	@ Add
		FORT LAUDERDALE, FL 33315	□Remove
			UChange
			□Remove
			□Change
		<u></u>	□Remove
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			□Remove
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effective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be list
ment's effective date on the Department of State's records.	ory ming requirements my one with the con-
ord specifies a delayed effective date, but not an effective time, at 12:0	H a.m. on the earlier of: (b) The 90th day aft
filed.	
d_SEPTEMBER_29	(Mile)
	. Kora.
Signature of a member or authorized repres	sentative of a member
WILSON L. CUERVO (OCUMA
	L C M CINTAN

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Filing Fee: \$25.00