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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OCTOPLUS LLC**

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	Octor	2010
	(Name of the Limite	iled Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization		Liability Company were filed on 9 27 2 and assigned
	ubmitted to amend the follow	lowing:
A. If amending na	ne, enter the new name of	of the limited Hability company here:
The new name must be	istinguishable and contain the wor	words "Limited Liability Company," the designation "LLC" on the abbreviation "L.L.C."
Enter new princips	l offices address, if applical	cable:
(Principal office add	iress MUST BE A STREET	TADDRESS)
	ddress, if applicable:	
(Mailing address M)	Y BE A POST OFFICE B	<u></u>
B. If amending the agent and/or the ne-	registered agent and/or reg v registered office address	egistered office address on our records, enter the name of the new registered as here:
Name of No	w Registered Agent:	
New Regist	ered Office Address:	28 18 Al Cazar Dr- Enter Florida street address
		Miramar , Florida 33 023
New Registered Agen	's Signature, if changing Res	tegstered 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>	Name	Address	Type of Action
			□Add
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			Change
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	any other information, enter change(s) here: (Attach ad	
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	if other than the date of filing:  is listed, the date must be specific and carnot be prior to date of filing or is inserted in this block does not meet the applicable statutory fil ctive date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as
record specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
ated	03 30, 2022	•
	47	
<del></del>	Signature of a member or authorized representati	we of a member