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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u>, -</u>
(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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SECRULATION SEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- LIA	156771NA	COME	TICS LLC	
(<u>Name of the Limited Li</u> (A Fl	abdity Company as it orida Limited Liability	now appears on Company)	our records.)	
The Articles of Organization for this Limited Liabili	ty Company were f	iled on/.	2/6/2021	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability co	mpany here:		
MJABE TTI	NA COSHET	-ICS L	2 C	
The new name must be distinguishable and contain the words.	Limited Liability Com	pany," the design	nation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:				2022
(Principal office address MUST BE A STREET AL	ODRESS)			HAR TI
	-		•	2
			100 m 100 m 100 m	≟ □
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX			; · · · · · · · · · · · · · · · · ·	59
				···
B. If amending the registered agent and/or registagent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:	<u> </u>	izabet4	Fabars	
New Registered Office Address:	7435 SW	[53rd Enter Floridas	Fabars CT apt 108 irect address	<u>პ</u>
	Higrori Cir		Florida	33/93 Zip Code
New Registered Agent's Signature, if changing Regist				•

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>	Address	Type of Action
HGR	Elizabeth Fabors	7435 SW 1530 CT aptic Miami, FL, 33193	08 LAdd
			□Change
AMBR Elizabeth Fabar	Elizabeth Fabors	7435 >W 153d CT apt 10	B EAdd
		uliami, FL, 3353	□Remove
			□Change
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(If an effe	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	12/15/2021
	Signature of a member or authorized representative of a member
	Eliza Seth Fakais Typed or printed name of signee