Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAHE LLC

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MAHE LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/07/2021 Florida document number <u>L21000515283</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15051 Royal Oaks Ln, Apt 1806, North Miami, FL 33181 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 15051 Royal Oaks Ln, Apt 1806, North Miami, FL 33181 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address ____, Florida ____ 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

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
MGR	JULIANA MORENO LOPEZ	15051 Royal Oaks Ln, Apt 1806	□Add
		North Miami, FL 33181	
			Change
MGR	HENRY MORENO LONDONO	15051 Royal Oaks Ln, Apt 1806	🗆 Add
		North Miami, FL 33181	□ Remove
			Change
P	JULIANA MORENO LOPEZ	15051 Royal Oaks Ln, Apt 1806	□Add
		North Miami, FL 33181	□Remove
			■ Change
ST	MARGARITA LOPEZ	15051 Royal Oaks Ln, Apt 1806	
		North Miami, FL 33181	□Remove
			■ Change
VP	HENRY MORENO LONDONO	15051 Royal Oaks Ln, Apt 1806	🖸 Add
		North Miami, FL 33181	□Remove
			Change
			C)Add
			□ Remove
			□Change

							
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December 13		2021					
Dated	 '		- '				
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	Signature of a me	mber or author	ized representa	tive of a memb	er .		

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