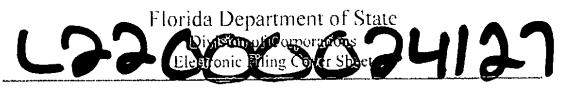
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From: TAXLEAF.COM CONTADORMIAMI.CO.

3/30/22, 4:59 PM

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To.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 : (786)713-1940 Fax Number

Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

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To: +18506176383

H22000117230 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLPLIX LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabil	is it now appears on our records.) htty Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number L22000024127	re filed on and assigned	l
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new pame must be disringuishable and contain the words "Limited Linbility C	Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	202.	
(Principal office address MUST BE A STREET ADDRESS)	2 RAR	
Enter new mailing address, if applicable:		LITED VINO
(Mailing address MAY BE A POST OFFICE BOX)	20 2	SOPZHAR 31 ANTI 02
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, <u>enter the name of the new reg</u>	istered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida straet oddress	·
	City , Florida 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

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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

Page: 4 of 5

Title	<u>Name</u>	Address	Type of Action
MGR	GUTTPRREZ CASTANEDA, MIGUELANGEL	7270 NW 12 st Suite 320	
		Miami,FL 33126	***
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record specifies a delayed effective	date, but not ar	i effective tin	ne, at 12:01 a	n.m. on the ca	rlicr of: (b)	The 90th day at	ler die
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