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Division of Corporations

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Florida Department of State Division of Corporations

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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 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	NOE CABALE	17934 NW 87 PL HIALEAH, FL 33018	□ Add
			■Remove
			□Change
MGR	JENNIFER SUAREZ	17934 NW 87 PL HIALEAII, FL 33018	= Add
			□Remove
			□Change
T	NOE CABALE	17934 NW 87 PL HIALEAH, FL 33018	
			□Remove
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From: Yanet

Page: 5 of 5

. If amending any other infor	mation, enter change(s) here: (Auach additional sheets, if necess	ary.)
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the record specifies a delayed effectord is filed.	ctive date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2022		
	()		
		ed representative of a member	
JENNIFER SUARE	Z Typed or printed in	name of signee	