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To:

Division of Componations

Fax Number : (850)617-638;

From:

Account Name : DELEY ACCOUNTING SERVICES, INC

Account Number : 120120000352 Phone : (305)591-9189 Fax Number : (305)591-9167

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PPE SAFETY SOLUTIONS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PPE SAFETY SOLUTIONS LLC		
(Name of the Limited Linbilley	Company as It now appears on our record	17
The Articles of Organization for this Limited Liability Co.	mpany were filed on 02/03/2022	and assigned
Florida document number L22000059581	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
·		ري ري ري
		<i>∠</i> 3
B. If amending the registered agent and/or registered o	iffice address on our records, enter t	ine name of the new register
agent and/or the new registered office address here:	*	
		, حخب .
Name of New Registered Agent:		
N. D. C. LONG.		-
New Registered Office Address:	Enter Plorida street address	. 5
	2000 100 the most and 533	
		rida
	City	Zio 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 601, 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

Title	Name	Address	Type of Action
AMBR	ANDREA S, VALLEJO VEGA	4851 NW 79TH AVE	BAdd
		SUITE 5	Remove
		DORAL, FL 33166	
			CJAdd
			□ Remove
			©Change
			, □Add
			JRemove
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Effective date, if other than the ffan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ock does not meet t	ne applicable statute	ing or more than 90 days ory: filling requirement	pptionary rafler filing) Pursuant to 602,021 r, this date will not be listed a
e record specifies a delayed effectived is filed.	e date, but not an el	Tective time, at 12:0	l a.m. on the earlier o	fi (ii) The 90th day after th
Dated AUGUST 5	20)	23		
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Typed or printed name of signee