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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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2022 Si. · · i

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021 Phone : (954)865-6607 Fax Number : (954)933-2634

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUGREEN GROUP LLC

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|------------------|-------------------|--|--|--------------------|--|---|--|
| SUBJEC | "r. | AUGREEN | GROUP LLC | | | | |
| SUBJEC | -1; | | Name of Lim | rited Liability Co | ошрвий | | |
| The encle | osed | Articles of A | mendment and fee(s) are sub | omitted for filir | ıg. | | |
| Please re | tum | all correspon | dence concerning this matter | to the following | ng: | | |
| | | | JUAN DAVID CORREA | MUNERA | | | |
| | | | | Name of | Person | | |
| | | | MGR | | | | |
| | | | | Firm/Co | mpany | | |
| | | | 1500 BAY RD APT 326 | | | | |
| | | | | Addr | č ss | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Copy (additional copy is enclosed) |
| | | | MIAMI, FL 33139 | | | | |
| | | | | City/State an | d Zip Code | | [] \$60.00 Piling Fee, Certificate of Status & Certified Copy taddinonal copy is enclosed; |
| | | | iramirez@cygintegral.com | | | · c : | |
| For furth | or in | formation ro | ncerning this matter, please co | | ture annual report not | iticarion) | |
| | | | | | | | |
| JUAN D |)A V. | ID CORREA | | 31 at { | | | |
| | | Name of I | ³ erson | Area | a Code Daytim | ie Telepho | ne Number |
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| ≅ \$25. 0 | 00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certifie | Filing Fee & ed Copy al Copy is enclosed) | | Certificate of Status & Certified Copy |
| | Reg Div P.O | ling Address: distration Solision of Co Box 6327 lahassee. Fl | ection rporations | | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | rporation Pallahas e Street | see |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AUGREEN GROUP LLC | | | |
|---|--|--|--|
| (Name of the Limite) | d Liability Compa. A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Lia Florida document number L22000066890 | ability Company | were filed on 02/08/2022 | and assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liahi | ility company here: | |
| The new name must be distinguishable and contain the wo | ords "Limited Liebil | ity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | 17042 NW 12TH STREET | |
| (Principal office address MUST BE A STREET | | PEMBROKE PINES FL 33028 | |
| | | | |
| Enter new mailing address, if applicable: | | 17042 NW 12TH STREET | |
| (Mailing address MAY BE A POST OFFICE R | 3 <i>0X</i> 2 | PEMBROKE PINES FL 33028 | |
| B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: | s here: | iddress on our records, enter the i | name of the new registered |
| New Registered Office Address: | 17042 NW 12T | H STREET | S |
| isew Registered Office Address. | | Enter Florida street address | SS 1 7 7 8 |
| | PEMBROKE P | , FJORIUS | 33028 |
| N | | City | |
| New Registered Agent's Signature, if changing Relative to the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company the state of | l agent and agre r and complete tered agent as p egistered office | performance of my duties, and I corovided for in Chapter 605, F.S. | am familiar with and Or, if this document is |

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> | Name | Address | Type of Action |
|--------------|--------------------------|--------------------------|----------------|
| MGR | GONZALO A TAMAYO | 1500 BAY RD APT 326 | |
| | | MIAMI BEACH, FL 33139 | ≣Remove |
| | | | □Change |
| MGR | Juan David Correa Munera | 17042 NW 12TH STREET | □Add |
| | | PEMBROKE PINES, FL 33028 | □Remove |
| | | | |
| MGR | ESTEBAN MORENO GALLEGO | 17042 NW 12TH STREET | |
| | | PEMBROKE PINES, FL 33028 | El Remove |
| | | | 🗏 Change |
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| D.66 | ive date, if other than the date of filing: O7/01/2022 (optional) |
| fan ef <u>Note:</u> | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
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