Division of Corporations

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

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M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any ay it now appears on o	HIT TEGOTAS.)			
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	,			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000094008</u>	were filed on $\frac{03/07/20}{0}$	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	•				
(Principal office address MUST BE A STREET ADDRESS)		2023			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		(,			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Cith	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	•	rsp v max			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capac performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. 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>	<u>Name</u>	Address	Type of Action
MBR	POITEVIEN, RUDY	1319 NW 68TH STREET	
		MIAMI, FL 33147	Remove
			☐ Change
MBR	Denara Lewis	1319 NW 68TH STREET	≣ Add
		MIAMI, FL 33147	
			☐ Change
			Ole A
			□Change □ □
			Remove
			□Change
			□Add
			□ Remove
			□Change

_____ □ Remove

). If amending any other information, o	nter change(s) her	e: (Attach add	itional sheets, if ne	ecessary.)			
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Effective date, if other than the date of the effective date is listed, the date must be specified. If the date inserted in this block doe document's effective date on the Department.	is not meet the applic ent of State's records.	able statutory fil	ing requi rements, th	us date will not f	re listed	as the	(b)
the record specifies a delayed effective date, lead is filed.	ut not an effective ti	me, st 12:01 a.m	, on the carlier of: (h) The 90th da	y after t	hc	
Dated December 30th	. 2022	J	- mil / 3	Kinai			
Signatu	te of a member or autho	rized representativ	e of a member	17			
Jan	nil King Typed or printe						