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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone #) | • |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name) | |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE



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| aus man | | OCKS COMPLIANCE SERV | ICES, LLC | • | | |
| SUBJEC | · • · · · · · · · · · · · · · · · · · · | Name of Lim | ited Liability Company | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | David Geller | | | | |
| | | | Name of Person | | | |
| | | Wahid Vizcaino Geller, LI | _P | | | |
| | | · · · · · · | Firm/Company | | | |
| | | 2103 Coral Way, Suite 401 | l . | | | |
| | | Address | | | | |
| | | Miami, FL 33145 | | | | |
| | | david@wvglegal.com | City/State and Zip Code | | | |
| | | | to be used for future annual report noti | fication) | | |
| For furth | er information c | oncerning this matter, please c | all: | | | |
| David G | eller | | 954 865-9239 at () | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| ■ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ction | | |
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Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|-------------------------------|----------------|
| MGR | Wilna Lebrun | 4121 NW 5TH STREET, SUITE 207 | \ Add |
| | | Plantation, FL 33317 | □Remove |
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| ective date, if other than t | ne date of filing: ust be specific and cannot be prior to o | | (optional) | |
| te: If the date inserted in this | block does not meet the applicable | late of filing or more than 90 day e statutory filing requiremen | ys after filing.) Pursu its, this date will n | ant to 605.02 of be listed |
| ument's effective date on the | Department of State's records. | | | |
| cord specifies a delayed effec | ive date, but not an effective time | at 12:01 a.m. on the earlier | of: (b) The 90th | day after th |
| s filed. | | , 4 2, 5 | (c) (n) (n) | |
| June 28 | 2022 | | | |
| ed | · · · · · · · · · · · · · · · · · · · | | | |
| () _a | Signature of a member or authorize | | | |
| | | | | |