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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| TO: | Regi Divi | stration Section of Corp | tion orations | 7021 0350 0002 | 2 2593 094 | 0 | | |
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| SUBJE | CT: | TOTAL DHA | ARMA 22, LLC | | | | | |
| | | | Name of Lin | nited Liability Company | | | | |
| The enc | losed | Articles of A | mendment and fee(s) are sub | omitted for filing. | | | | |
| Please r | eturn : | all correspond | dence concerning this matter | to the following: | | | | |
| | | | JORGE ALEJANDRO FE | ERNANDEZ | | | | |
| | | | | Name of Person | | | | |
| | | | HISPANICVISION INTE | RNATIONAL CORP. | | | | |
| | | | | Firm/Company | | | | |
| | | | 3105 NW 107TH AVE. SI | UITE 426 | | | | |
| | | | | Address | | | | |
| | DORAL, FL 33172 | | | | | | | |
| City/State and Zip Code | | | | | | <u> </u> | | |
| | | | JORGEFERNANDEZ@HI | | | | | |
| | | | E-mail address: (| to be used for future annual r | report notification) | | | |
| For furth | ner inf | ormation con | cerning this matter, please c | all: | | | | |
| JORGE | ALEJ | ANDRRO FI | ERNANDEZ | 786 768 at () | 3-4775 | | | |
| | - | Name of P | erson | Area Code | Daytime Telepho | one Number | | |
| Enclosed | d is a c | theck for the | following amount: | | | | | |
| □ \$25. | 00 Fil | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl. | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

C11-#1308

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL DHARMA 22, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/04/2022}{1}$ and assigned Florida document number _____1_22000112082 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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 |
|--------------|-----------------|------------------------|----------------|
| MGR | MIGUEL MARTINEZ | 2926 SW 22ND CIRC #16A | □Add |
| | | DELRAY BEACH, FL 33445 | ≣Remove |
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| Effective date, if other than | the date of filings | | | (optional) | |
| fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the | must be specific and cannot be block does not meet the | applicable statuto | ing or more than 90 day | ys after filing.) Pursuant to | 605.0207 listed as |
| e record specifies a delayed efferd is filed. | ective date, but not an effe | ctive time, at 12:0 | l a.m. on the earlier | of: (b) The 90th day a | after the |
| a ama sant 1a | 2022 | . | | | |
| OCTOBER 12 Dated | | | | | |

Typed or printed name of signee