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To:

Division of Corporations Fax Number : (850)617-6383

From:

ii <b>.</b>	Account Name	:	LAZARUS CORPORATE	FILING	SERVICE,	INC.
	Account Number	:	120000000019			
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LADERA VENTURES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LADERA VENTURES LLC		
(A Florida Li	Company as it now appears on our records.) mated Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on03/30/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and coolain the words "Limited	Liability Company," the designation "LLC" or U	te abbreviation "L.L.("
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		2024 AUG
Mailing address MAY BE A POST OFFICE BOX	·····	- <u></u>
		N 1-
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the n</u>	ame of the or registere
agent and/or the new registered office address here:		: 42
		$\sim$ $\sim$
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciņ:	Zip 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 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.

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Docusign Envelope ID: C2CF2F0B-16FE-40FF-BAEE-1EDD6EE58F0B H 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	Carlos Magaña	145) Brickell Avenue	==
		Apt 2504	-
		Miami. FL 33131	
MGR	Mauricio Magaña	1111 Brickell Avenue	🖾 Add
		10th Floor	🗆 Remove
		Miami, FL 33131	Change
			JRemove
			[]Change
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D. If amending any other information, er	nter change(s) here:	(Attach additional	sheets, if necessary.)
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tive date, if other than t fective date is listed, the date r	the date of filing:		(opt	ional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	August 23, 2024
	Firmado por:
	Maincis Magiña Ecmandez 278005FF6500375 Signature of a member or authorized representative of a member
	27B0D6FF6500375Signature of a member of authorized representative of a member
	Mauricio Magaña
	Typed or printed name of signee