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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| ertified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2022 SEP | 4 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FI

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: A | INVESTORS Name of Lin | 6KUO D. U.C. | <u> </u> |
|---|--|---|---|
| The enclosed Articles of | Amendment and fee(s) are su | bmitted for filing. | |
| Please return all correspo | ondence concerning this matter | r to the following: | |
| | Nivide My INVE | Name of Person STUD GRUP UC. Firm/Company | |
| | 2975 / | VE 107th #412 Address | 2022 S SECR TAIL |
| | | City/State and Zip Code | |
| | IMUQ | OUTEUTOVS COM | 700 3 |
| For further information c | oncerning this matter, please c | | FATE 27 |
| Name o | 1 CCIY Person | at (<u>1786</u>) <u>S.S. 7</u> Area Code Daytim | _ |
| Enclosed is a check for th | e following amount: | | |
| ☑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 6322 | ection orporations | Street Address: Registration Sec Division of Corp The Centre of Ta | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AD INVOITORS GEL | | | | | | | |
|--|---|---|--|--|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | · · · · · · · · · · · · · · · · · · · | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number 2200190410. | y were filed on <u>04126120</u> | and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" o | r the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | 2775 NE 1871h = | H412 | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | AVENTURA: FL 33180 | | | | | | |
| | | | | | | | |
| Enter new mailing address, if applicable: | 2775 NE 18714 + | +412 | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | ALEMU14 FC, 33180. | | | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the | name of the new registered | | | | | |
| Name of New Registered Agent: | | | | | | | |
| New Registered Office Address: | | တ္တင္ဆာ | | | | | |
| | Enter Florida street address Florid | 10: 27 STATE E. FI. | | | | | |
| N. D. L. C. C. | City | Zip Code | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete property the obligations of the property that the property th | ze to act in this capacity. I furthe performance of my duties, and I | er agree to comply with the 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 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 |
|--------------|------|---------------|--|
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| | Signature of a | member or auth | orized repre | esentative of a | nember | | | |
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Filing Fee: \$25.00