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Division of Corporations

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From:

Account Name : NBI FINANCIAL ACCOUNTING & TAX

Account Number : I201800000859 Phone : (786)253-1890 Fax Number : (305)397-1861

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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JUN - 8 2022

K. Brumbley

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 122000 203452	ere filed on Flowide.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tv company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abl	hreviation "T.L.C."
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:	ddress on our records, enter the nam	ne of the new repristered
Name of New Registered Agent: New Registered Office Address:		TELL CENT
New Registered Only 1100000	Enter Florida rreet address, Florida City	Sip 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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Susana Alvarez	8195 SW 147cz	Add
		Miami, FL 33193	
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If the rec	ord specifies a delayed effective di filed.	ate, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
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Date	d 08 08				
Date	ed 06/08	S) ca	Earlized representative of a me		_

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From: Natalia Izquierdi