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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REMINTAL LLC

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NOV 01 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Remintal LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000208295</u> .	were filed on 05/02/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Elorida	me of the new registered ALPEROVI
	Cuy	Zip Codu
New Registered Agent's Signature, if changing Registered Agent:		40

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMESH CHANDRA	P. O. BOX 800024	l X Add
		AVENTURA FL 33280	□Remove
			□ Change
			□Add
			Remove
			Change
			🗆 Add
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If amending any other information				
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 de statutory filing requirer	(optional) (days after filing.) Pursuant to nents, this date will not be	605.0207 (3) listed as the
he record specifies a delayed effective da ord is filed.	ate, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day a	after the
Dated October 31	2022	-·		
	2022 Margan Pak	<u> </u>		_
Sig	gnature of a member or authori	zed representative of a memb	рет	
Morgan Noble	<u> </u>			

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