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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : MBA ACTIVATION, LLC

Account Number: I20130000007 Phone : (786)439-9847 Fax Number : (786)345-0666

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

Bmail Address: sergueipm@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMONE CONSULTING LLC

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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Simone Cor (Name of the Limited Liability Compan (A Florida Limited L	nsulting, LLC ny a <u>vit now appears on ou</u> inbility Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 0	5/09/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			722
(Principal office address MUST BE A STREET ADDRESS)		<u>:</u> -	<u> </u>
		<u> </u>	
		••	· PR
Enter new mailing address, if applicable:			:- ;.
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	· ω • · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		<u>, , , , , , , , , , , , , , , , , , , </u>	
New Registered Office Address:	Enter Florida str	eet address	
· · · · · · · · · · · · · · · · · · ·		Florida	
Florida document number	Lip Code		
Non 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Aldo E. Simone	13275 Keystone Ter.	□Add
		North Miami, FL 33181	Remove
		USA	☐ Change
MBR Gian P. Simone	Gian P. Simone	11301 NW 47th Ln.	■Add
		Doral, FL 33178	□Remove
		USA	Change
			□Remove
			□Change
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			∏Change

	EIN: 88-2383288 to our company record, please	-
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ecord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (h). The 90th day aff l.	er tl
	5/26/2022 . <u>2022</u> . <u> </u>	
ited <u>-</u>		
ited _	Signature of a member or authorized representative of a member	