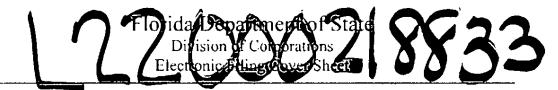
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H220002849773 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888

Fax Number : (786)713-1940

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

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

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Help ANG 24 2022

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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ARTICLES OF O	RGANIZATION	
0	F	20122 ****
;	•	2022 AUG 23 17 12: 41
SAJRS	LLC	m-Com
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.); nability Company)	TAIL STATE
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA	and assigned
Florida document number 1.22000218833		
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 Liabili	ty 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 a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		

City

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

_. Florida

:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MORALES ARBELAEZ, SABRINA		■Add
		·· 	Remove
			Change
			bbb.
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Effective date, if	other than the date of fili listed, the date must be specific a	ng:	_	(optic	onal)	
Note: If the date in	listed, the date must be specific a iserted in this block does not we date on the Department o	meet the applical	o date of filing or me ole statutory filing	re than (8) days after I requirements, this	iling) Pursuant to 605 date will not be list	5,0207 (3 ed as th
ne record specifies a and is filed.	i delayed effective date, but i	ot an effective tir	ne, ut 12:04 a.m., c	on the earlier of: (b) The 90th day after	er the
Dated	AUGUST 22ND	2022		l li		
		,	- (glas)	A escope i		
	Signature of	a member or author	nzed representative	of a member		

Typed or printed name of signee