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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERVIGER CORPORATION

Account Number : I20160000091 : (786)786-3487 : (305)635-9868 Fax Number

\*\*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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company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H-24000 3237483

(Name of the Limited Liability Company of it	t now appear	AND LL	<u></u>	<del></del>	
(A Florida Limited Liability	y Company)		- <b></b> -		
The Articles of Organization for this Limited Liability Company were Florida document number	filed on	05/16/	2022	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability c	ompan <u>y</u> he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the di	esignation "LL	C" or the abbrevi	ation "L	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					<del></del>
<del></del>					<del></del>
			22	202	
Enter new mailing address, if applicable:				- <u>85</u> -	
(Mailing address MAY BE A POST OFFICE BOX)				- <u>G</u> -	: 1
	<del>_</del>		, , ,	<u>ယ</u>	· · · · · · · · · · · · · · · · · · ·
		accede onto	r the name of	the ne	wiredistered
B. If amending the registered agent and/or registered office address here:	es on our r	ecorus, <u>enc</u>		<u> </u>	, , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office / Idagests.	Enter Florida street address				
		, F	Florida		
	City		,	<sup>z</sup> ip Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perj accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	formance oj ided for in (	f my duties, Chapter 605	and I am fam: 5, F.S. Or, if ti	iliar w. his doc	ith and cument is

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:

HZ4 0003237483

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
_Ρ	Jaqueline Lopes Belarde	3,316 SW 171h PL	
	, ,	Cape Coral FL 33914	Remove
			Change
			□Add
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Note: If the	ate, if other than date is listed, the dat date inserted in the effective date on the	his block does n	ot meet the appu	cable statutory in	more than 90 days afting requirements, the	tional) er filing.) Pursuant to 605.020 nis date will not be listed a
e record spec rd is filed.	cifies a delayed ef	Tective date, but	not an effective	time, at 12:01 a.m	n. on the earlier of: (	(b) The 90th day after the
Dated	Deplomber	23	. 202	<del>L</del> .		
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