Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000051008 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FEINBERG AND MAIDENBAUM

Account Number : I20070000845 Phone

: (954)962-8889

Fax Number

: (954)966-6259

\*\*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 CIMALE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help X... 71

نن

ب. سا

02/08/2028 1:30 M FAX 9549666259 Sheridan Law Center (((H23000051008 3)))

## ADTICLES OF AMENDMENT

AKTICLES OF AMENUMENT
TO
ARTICLES OF ORGANIZATION
OF

and the abbreviation	d assigned
	<u> </u>
he abbreviatio	n "LL.C."
he abbreviatio	n "L.L.C."
he abbreviatio	n "L.L.C."
- Ti	2(
	<u>ن</u>
	<del>(33</del>
name of the	new register
سر د د ج	(.)
=,	25
	od :
·	

(((H23000051008 3)))

## 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	Marcos A Traficante	2351 N Dixie Hwy	□Add
		Pompano Beach, FL 33060	≅Remove
		·	□Change
AMBR	Magnacore LLC	2351 N Dixie Hwy	<b>=</b> Add
		Pompano Beach, FL 33060	Петоче
			□ Change
			□Add
			□Remove
			Change
			□Remove
			©Change
			□Add
			□Remove
			Change
			(🗅 🗚 d d
			□Remove
			Change

			<del></del>			
					<u> </u>	
<del></del> - <del></del> -	<b>-</b>				·	
		, <del></del>				······································
•						
	<u> </u>	<del></del>		<del></del> :		
	<del></del>			<del></del>		
	<del></del>					<del></del>
	<del></del>	<del></del>			<u>.</u>	
fective date, if oth	er than the dat	e of filing;	be prior to date o	f filing or more the	(options in 90 days after fili	d) ag.) Pursuant to 605.0
ote: If the date inser- cument's effective of	ted in this block of late on the Depart	ment of State's	applicable state records.	utory filing requ	tirements, this da	te will not be listed
ecord specifies a del is filed.	ayed offeetive dat	e, but not an effe	ective time, at 1	2:01 a.m. on the	carlier of: (b)	The 90th day after t
February 8		2023	3 ,			
			<del>//</del> ;			

Filing Fee: \$25.00

Typed or printed name of signee

(((H23000051008 3)))