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| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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| | | Name of Lin | nited Liability Company | |
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| The end | closed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please 1 | return all correspond | dence concerning this matter | to the following: | |
| | | _ Charmain | ie arynor | |
| | | | Name of Person | |
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| | | | Firm/Company | |
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| | | Vero Bec | City/State and Zip Code Out 9 Macd. 10 m (to be used for future annual report noti | <i>o</i> |
| | | C1 . | City/State and Zip Code | |
| | | E-mail address: | (to be used for future annual report noti | 7 fication) |
| For furt | her information cor | ncerning this matter, please o | | , |
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| | Chiny ma | en Ciafnor | at (772) — 20 Area Code Daytim | 3-4762 |
| | Name of I | Person L | Area Code Daytim | e Telephone Number |
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| Enclose | ed is a check for the | following amount: | | |
| □ \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| Chaim and Chatmon V | pup cc |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited I. | ny a <u>s it^rnow appears on our records.</u>) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2200626769</u> 9 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name o | Group UC |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2850 65 Hr Dr # 104 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Vero Beach Fl 32966 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | • |
| Name of New Registered Agent: New Registered Office Address: 2850 | Maine GAYNOX 65 th Dr = 104 Enter Florida street address |
| Veri | Enter Florida street address Decity, Florida 32966 Zip Code |

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

Ni

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.

> Charmaine Cynor 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| MC | Dalton Campbell | 2850 65th Dr + 104 Vero Bech fl 32966 | Add |
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