## Florida Department of State 302 Division of Corporations Electronic Filing Coversheer

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVECHARMSS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIVECHARMSS LLC   | 17.1.13              | it now appears on our rec   | ords.)                                  | <del></del>           |  |  |
|---|----------------------|---|---|-----------------------|--|--|
| (Name of the Limite   | A Florida Limited Li | y as it now appears on our recability Company)                                  | <u></u> /                               |                       |  |  |
| The Articles of Organization for this Limited Li  Florida document number <u>L22000280802</u> |                      |   |   | _and assigned         |  |  |
| This amendment is submitted to amend the follo  | wing:                |   |   |                       |  |  |
| A. If amending name, enter the new name of  | the limited liabi    | lity company here:  |   |                       |  |  |
| The new name must be distinguishable and contain the w  | ords "Limited Liabil | ty Company," the designation "  | LIC" or the abbre                       | viation "L.L.C."      |  |  |
| Enter new principal offices address, if applic  | 444 BRICKELL AV      |   |   |                       |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |                      | SUITE P-60 MIAMI, FLORIDA 33131.  |   |                       |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)             | <u>BOX)</u>          | 444 BRICKELL AV<br>SUITE P-60<br>MIAMI, FLORIDA                                 | enue                                    |                       |  |  |
| B. If amending the registered agent and/or a<br>agent and/or the new registered office addre  | egistered office i   | address on our records, g   | ater the name (                         | of the new registered |  |  |
| Name of New Registered Agent:   |                      | ELL'S OFFICE GROU   | ; · · · · · · · · · · · · · · · · · · · | AP<br>Control         |  |  |
| New Registered Office Address:  | 444 BRICE            | Enter Florida street a  | E P-60                                  |                       |  |  |
|   | MIAMI                | City  | , Florida 🚟                             | 3313 <del>1</del> []  |  |  |
| New Registered Agent's Signature, if changing   | Registered Agent:    |   |   | · <b>છા</b>           |  |  |
| I hereby accept the appointment as register provisions of all statutes relative to the proj   |                      | ee to act in this capacity.  performance of my dutie  provided for in Chapter t |   |                       |  |  |

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | Name                         | Address                      | Type of Action |
|--------------|------------------------------|------------------------------|----------------|
| MGR          | JOHN JAVIER TORRES ROJAS     | CALLE 56 70 D 15 BOGOTA D,C. | DbA□           |
|              |                              | COLOMBIA 110011              | Kemove         |
|              |                              |                              | Change         |
| _MGR         | JOHN JAVIER TORRES ROJAS     | 4656 NW 114th AVE            | MAdd           |
|              |                              | DORAL, FLORIDA 33178         | cmove          |
|              |                              |                              | Change         |
| MGR_         | LUIS ARMANDO ROJAS REDRIGUEZ | CALLE 56 70 D 15 BOGOTA D,C. | n dd           |
|              |                              | COLOMBIA 110011              | Kemove         |
|              |                              |                              | □Cluings       |
| MGR          | LUIS ARMANDO ROJAS RODRIGUEZ | CALLE 56 70 D 15 BOGOTA D,C. | XAdd           |
|              |                              | COLOMBIA 110011              | Remove         |
|              |                              |                              | Change         |
|              |                              |                              | DAdd           |
|              |                              |                              | Remove         |
|              |                              |                              | Change         |
|              |                              |                              | DAdd           |
|              | ···                          |                              | Remove         |
|              |                              |                              | Change         |

D.

|              | any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |       |
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| CFH==0       | date if other than the date of filing: (optional)   | 5.020 |
| an effective | date, if other than the date of filing:  (optional)  (optional) | ted a |
|              | 's effective date on the Department of State's records.   |       |
|              |   |       |
| record st    | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   | er w  |
| d is filed.  |   |       |
|              | 001. 10.02  |       |
| ated         | 09/01/2022  |       |
|              |   |       |
|              | Signature of a feature or authorized representative of a member   |       |
|              | Signature of a faction of authorized representation   |       |

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