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Division of Corporations

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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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Corporate Filing Menu

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K. SALY

JUL 2 3 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limit	ted Liability Cou	ipany as it now appears on & Liability Company)	our records.)
· · · · · · · · · · · · · · · · · · ·	(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000286977	iability Compa	ny were filed on $\frac{06/247}{2}$	2022 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lie	ability Company," the design	nation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or i		e address on our reco	rds, enter the name of the new regist
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	YACOLCA ESPINOZA, STEVE R		
New Registered Office Address:	1890 NW 9	7TH AVE DORAL	
	-	Enter Florada s	ureet address
	DORAL		, Florida 33172
		City	Zıp Corle

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	Nume	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			Change
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ecord specifies a dela is filed.	yed offective date, but t	not an effective time, a	t 12:01 a.m. on the e	artier of: (h) The 9i	Oth day after the
D Med.		2024	<i>a</i> \(\)		
JULY 17		ton	e Jardie		
IUI.Y 17	Signature of	a member or authorized	representative of a more	mber	- The second