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Division of Corporations

Fax Number : (850)617-6383

From:

2022 SET 2.3

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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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T. LEMIEUX SEP 2 6 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Regi	stanad America	Clty		Zip Co	de
-			, Florid		
	•	Enter Flo	orida street address	豆	- ပ်
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			<u></u>	
Name of New Registered Agent:	<u> </u>	 .			
					23
B. If amending the registered agent and/or regis	stered office 2 ere:	ddress on our	records, <u>enter the</u>	name of the	•
	٠			<u> </u>	20/2
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	<u>-</u>			
Enter new mailing address, if applicable:					-
(Principal office address MUST BE A STREET A	(DORESS)			-	
• • •					
Enter new principal offices address, if applicable		ry Company," me	assignation "FFC" or	the abbreviation	ı "LLC."
The new name must be distinguishable and contain the words	o "I imited I inhill	In Comean It the	don't and an AST F 1781		<u>" </u>
A. If amending name, enter the new name of th	c limited liabi	lity company l	hcre:		
This amendment is submitted to amend the following	ng:				
Florida document number L22000303062	·				·
The Articles of Organization for this Limited Liabi	ility Company	were filed on _)77/07/2022	елс	l assigned
(Name of the Limited (A	Florida Limited [iebility Company)		
(Name of the Limited)	Liability Compa	ny as it new appe	AG on our records		

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 a.n 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 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	Marta Bejerano	616 Atlantic Shores Blvd, Suite B	≌Add
	,	Hallandale Beach, Fl 33009	
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		_ '	Change
			□ Add
		<u></u>	□Remove
			[] Change
			□Remove
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Sective date, if other than the an effective date is listed, the date offer. If the date inserted in this ocument's effective date on the	i block does not m	teet the applicable	late of filing or more statutory filing	than 90 days after equirements, this	onal) filing.) Pursuant to 605.02 date will not be listed
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record specifies a delayed effer is filed.	ctive date, but not	an effective time	, at 12:01 a.m. or	the earlier of: (b	The 90th day after the
, 09/22		2022			
ated	1	M	- Z	_>	
			•		
	Signature of a	mamber or pathopiz	ed representative o	f a member	

Filing Fee: \$25.00