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To:	Division of Corporations			
	Fax Number : (850)617-6383			
From:		₩ <u></u>	2022	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	(SEP	777
	Account Number : I20000000019 Phone : (305)552-5973	30	٥	
	Fax Number : (305)675-5944	35.2	-	<u> </u>
		388	₽	П
**Ente	er the email address for this business entity to be used for annual report mailings. Enter only one email address please.	future •≠	:-	D
	Email Address:		ဒ္ဓ	ه ود

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VLUJO, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

C. BRUMBLEY SEP 1 4 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

V.EUJO, EEC						
(Name of the Lim	ited Liability Comp	any as it now appears (Liability Company)	on our records	1		
	(A Florida Limited	Liability Company)	<u></u>	u On	2	
The Articles of Organization for this Limited	Liability Company	were filed on 08/2	19/2022	No.	2022	
Florida document number L22000351053		were riied on		and assigned		
This amendment is submitted to amend the fol			35 ()	# <u> </u>		
A. If amending name, enter the new name of	of the limited liah	ility company here	••			
CUBASENT, LLC				<u>ت</u> ا	 ၁	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi-	gnation "LLC"	or the abbrevia	ation "L.L.C."	
Enter new principal offices address, if appli		491 HIALEAH DE			77.12	
(Principal office address MUST BE A STREE		HIALEAH FLORI	DA 33010			
Enter new mailing address, if applicable:		491 HIALEAH DE	ave			
Mailing address MAY BE A POST OFFICE	HIALEAH FI.ORI	DA 33010	***			
					~ ~~~ .	
2. 70				~		
B. If amending the registered agent and/or agent and/or the new registered office addre	egistered office a	address on our reco	rds, <u>enter th</u>	e name of t	he new registered	
- Control of Office addition	ss here:					
Name of New Registered Agent:	JOSLEY FERR	ER AGUILAR				
New Registered Office Address:	491 HIALEAH	DRIVE				
,		Enter Fiorida	street address			
	HIALEAH		Flavi	da 33010		
		Ciņ	, 1 1011		Code	
ew Registered Agent's Signature, if changing F	Registered Agent:					

$\mathbf{\Sigma}$

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 fonfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of liew Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	Name	4.43	
		Address	Type of Action
			
			□Rcmove
			———— Change
*************			DAdd
			GRemove
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Sote: 1	SEPTEMBER 08TH OF 2022 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record 1 is file	specifies a delayed effective date, but not an effective time, at [2:0] a.m. on the earlier of: (b) The 90th day after the
ated _	SEPTEMBER 08TH , 2022 Signature of a member of authorized representative of a member