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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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FILED
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SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

LC	
Name of Limited Liability Company	,
fee(s) are submitted for filing.	
ONZALEZ	
Name of Person	
EGISTERED AGENTS (USA), INC.	
Firm/Company	
ELL AVE. SUITE 820	
Address	
33131	~ 2
City/State and Zip Code	027 T
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305 358-7872 mm	2022 AUG 23 PM 3: 1
Area Code Daytime Telephone Number	1E 6
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	tatus &
Street Address: Registration Section Division of Corporations	
The Centre of Tallahassee	
	Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: SONZALEZ Name of Person EGISTERED AGENTS (USA), INC. Firm/Company ELL AVE, SUITE 820 Address 33131 City/State and Zip Code EES@CORPAG.COM Imail address: (to be used for future annual report notification) Inatter, please call: SONZALEZ Area Code Daytime Telephone Number Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZRA MANAGEMENT LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000354722	were filed on AUGUST 11TH, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	_
Enter new principal offices address, if applicable:	SE
(Principal office address MUST BE A STREET ADDRESS)	ARE NO
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	AHASSEE FILE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City . Florida Zip Code
	with a our

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.

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Remove
			□ Change SECRI Hadd
			SECRETARY OF STATE TALL AHASSEE, FILE
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

The address for Sand	ra Deborah Federic Hirsch should	be: Quilvo 104, Las (Condes, Santiago, Ch	ile.
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Effective date, if other the	han the date of filing: date must be specific and cannot be pri	or to date of filing or mo	(option:	
Note: If the date inserted i	n this block does not meet the appointhe Department of State's record	licable statutory filing	; requirements, this d	ate will not be listed as
record specifies a delayed d is filed.	effective date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
August 15th Dated	2022			
		·		

Typed or printed name of signee