Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

pivision of Corporations

Fax Number : (850)617-6383

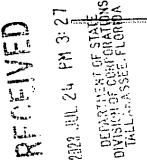
From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	(A Florida Limited L	ny as it now appears on our records.) Liability Company)			
	iability Company	were filed on	an	id assign	ned
Florida document number L22000384313					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A	Ing name, enter the new name of the limited liability company here: Institute of istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Institute of istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Institute of istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Institute of istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Institute of its address, if applicable: Institute of its address, if applicable: Institute of its address of its address on our records, enter the name of the new registered the new registered address on our records, enter the name of the new registered the new registered address here: Institute of its address on our records, enter the name of the new registered the new registered Agent: Institute of its address on our records, enter the name of the new registered the new registered Agent: Institute of its address on our records, enter the name of the new registered the new registered Agent: Institute of its address on our records, enter the name of the new registered the new registered Agent: Institute of its address of its address on our records, enter the name of the new registered the new registered agent and our records, enter the name of the new registered the new registered agent and our records, enter the name of the new registered agent and our records, enter the name of the new registered agent and our records, enter the name of the new registered agent and our records, enter the name of the new registered agent and our records, enter the name of the new registered agent and our records, enter the name of the new registered agent and our records a				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviati	on "L L.(5.17
tter new principal onices adoress, it appricative:		343 PLUMOSO LOOP			
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			<u>ः.</u>		
		DAVENPORT FLORIDA 3389'I		123	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our records, enter the	name of th		registered
		* * * * *		P	<u></u>
Name of New Registered Agent:	THE DAY CALL AZAB				
New Registered Office Address:	343 PLUMOS				
		Enter Florida street address			
	DAVENPORT	, Florid	la ³³⁸⁹⁷		
		City	Zip	Code	

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 title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MOR	JIMMY SALAZAR	343 PLUMOSO LOOP	
		DAVENPORT FLORIDA 33897	
			🖬 Change
AMBR	VALENTINA MONCAYO	343 PLUMOSO LOOP	
		DAVENPORT FLORTDA 33897	□ Remove
			■Change
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ective date, if other than to effective date is listed, the date is telephone to the date inserted in this	ust be specific and	cannot be prior	to date of filing o	r more than 90 days	after filing.) Pursuant	o 605.02
te: If the date inserted in this nument's effective date on the	DIONE GOOD TIOL II		anie smanarory ri	ling requirements	, this date will not b	e listed a
cord specifies a delayed effec	ive date, but not	an effective ti	me, at 12:01 a.i	n. on the earlier o	of: (b) The 90th day	after th
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	Signature of a c	 Sal	azar.	ive of a member		_

Filing Fee: \$25.00