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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Florida	Zip Code	
	Enter Florida street address		
New Registered Office Address:			
Name of New Registered Agent:			
gent and/or the new registered office address here:		ुस्य र	1 .
3. If amending the registered agent and/or registered office	e address on our records, enter the n	ame of the new reg	Est e
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Mailing address MAY BE A POST OFFICE BOX)		35	చ్
Inter new mailing address, if applicable:			<u>=</u>
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Principal office address MUST BE A STREET ADDRESS)			
Inter new principal offices address, if applicable:			
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	,
a. If amending name, enter the new name of the limited lia	ability company here:		
his amendment is submitted to amend the following:			
lorida document number L22000431757			
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>10/06/22</u>	and assigned	d
	pany as it now appears on our records.) d Liability Company)		

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 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
AMBR.	Alonso Domech, Marco	19716 W Lake Dr	
		Hialeah, FL 33015	ПRетоve
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Effective of	date, if other than the date is listed, the date inserted in this	te date of filing:	cannot be prior to	date of filing or m	ore than 90 days after	onal) Hiling.) Pursuant to 605	5.0207 (3)
document's	s effective date on the	Department of Sta	ite's records.	ic statutory rimi	s requirements, in	s date with the total to	
he record spoord is filed.	ecifies a delayed effect	ive date, but not a	n effective time	e, at 12:01 a.m. o	on the earlier of: (b) The 90th day afte	r the
Dated	October 13		2022				
			Mongan	1-44-	of a member		
		Signature of a m	ember or authoria	zed representative	of a member		

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