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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone : (305)527-6617

: (786)713-1940 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TORCH ARG LLC

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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Torch Arg LLC	₹•	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/14/20}{1.22000442971}$.	222 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	202	
	11GV 22	
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	Is, enter the name of the new registered	
Name of New Registered Agent:	——————————————————————————————————————	
New Registered Office Address: Enter Florida str	reet address	
	, Florida	
Ciņ	, Florida 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 capac	city. I further agree to comply with the	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERNAGA, MAITENA	304 INDIAN TRACE STE 626	∐Add
		WESTON, FL 33326	
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			Change
			🗀 Add
			□Remove
			□ Change
	**************************************		□Add
			Remove
			□Change

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the dat (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depar	e of filing:	605.0207 (3)(t listed as the
f the record specifies a delayed effective da record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
Dated	<u>2024</u>	
	$\sim \!\!\! \searrow$	
Sign	ature of a member or authorized representative of a member	
	JÖRGE VALENTINO	
	Typed or printed name of signee	,