Floridar Department of State

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
	(** Frontal Elimited Eliability Company)	
The Articles of Organization for this Limited	Liability Company were filed on 05/01/2020	and assigned
Florida document number L23000101356		· ·
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	<i>.</i>
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: N/A	AL HA
(Principal office address MUST BE A STRE	ET ADDRESS)	
		Δ ,
	ja dabasa ja sa	<u> </u>
Enter new mailing address, if applicable:	N/A	9: 2 
Mailing address MAY BE A POST OFFICE	(BOX) - 19134 - 11 - 1	r:
B. If amending the registered agent and/or agent and/or the new registered office addr		enter the name of the new regi
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Florida street	address
		_, Florida
	Cin	Zip Code

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.

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LAZARUS CORPORATE

PAGE 03/04

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
MGR	GENY PERERA	427 ŠE 19TH TERR	
		* 1.00	
		CAPE CORAL FL 33990	□Rcmove
			Urcinove
			□Change
MGR	LIDIE GOMEZ MOYA	427 SE 19TH TERR	,
		CAPE CORAL FL 33990	,
			Remove
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ective date, if other than t	the date of filing:  O3/13/2024  (option must be specific and cannot be prior to date of filing or more than 90 days after fis block does not meet the applicable statutory filing requirements, this	· ·
ument's effective date on the	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	date will not be listed
d March 13,	2024	
	•	
	Lidia Gomes Mann	
	Lidia Gomez Moya Signature of a member authorized representative of a member	
LIDIE GOMEZ MOY		