4/5/23, 2:43 PM

**Division of Corporations** 

## Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MODO GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	
MODO GROUP LLC	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/10/2023	and assigned
Florida document number 1.23000113742	
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 "Li.C" or the ab	breviation "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)	
B. If amending the registered agent and/or registered office address on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:	2023
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u> </u>
Enter Florida street address	-0 -12
	Zup Code:
New Registered Agent's Signature, if changing Registered Agent:	27
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag	ree 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
ANBR	CARMELA VENTURA	801 BRINY AVENUE APT 902	≣Add	
		POMPANO BEACH, FL 33062	□Remove	
			☐Change	
			□Remove	
			ElChange	
			DAdd	
			Remove	
		<del></del>	☐ Change	
<del></del>			□Add	
			□Remove	
			□Change	
<del></del>			□Add	
			fIRemove	
			□Add	
			□Rcmove	
			⊔Change	

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	ctive date, if other than the date of filling:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
COCC	men a enective date on the Department of State a records.
If the mor	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is	
Date	d 2023
	Signature of a member or authorized representative of a member

Typed or printed name of signee