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Account Number : I20200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

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From: Nathaly Cuartas

Fax: 19549069668

To: Agent Amnd Florida Fax: (850) 617-6383

Page: 3 of 5

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TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	DEO PRODUCTION CIK MIA Jability Company as it now apper Florida Limited Liability Company		
(A)	Florida Limited Liability Company	(1	
The Articles of Organization for this Limited Liabi Torida document number <u>L23000120877</u>	lity Company were filed on	03/15/2023	and assigned
his amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company	here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," th	ie designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ie:		
Principal office address MUST BE A STREET A			12 12
Enter new mailing address, if applicable:			SSEC.
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	ictored office address on au	r records untar the	e name of the new registe
agent and/or the new registered office address b	iere:	r records, <u>ciner ar</u>	
ngent and/or the new registered office address I . Name of New Registered Agent:	iere:	r records, <u>cincr ar</u>	
ngent and/or the new registered office address i	<u>lere</u> :	Florida sweet address	
	<u>lere</u> :		

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 timiled turbitity company has been notified in writing of this change.

From: Nathally Cuartas Fax: 19549069668 To, Agent Amnd Florida Fax: (850) 617-6383 J Page: 4 of 5 03/12/2024 3:17 PM :d or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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C. Effective date, if other than the office (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	he specific and cannot ck does not meet th	e applicable sta			
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Dated MARCH 12	202				
	Activity Signature of a member	ignskqui			
\$			presentative of a mer	nber	
		AGASTEGUI or printed name			

From: Natualy Cuartes

Fax: 19549069668

To: Agent Amnd Florida

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