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| PICK-UP WAIT MAIL |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASPENDOS IN FLORIDA LLC | | | | |
|---|--|---|---------------------------|----------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited l | ny as it now appears on Liability Company) | our records.) | |
| The Articles of Organization for this Limited I Florida document number L23000163170 | iability Company | were filed on MARC | CH 31, 2023 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company " the design | nation "LLC" or the a | hbreviation "L.1.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) | | 1800 N FEDERAL | | |
| | | UNIT 210 | | |
| | | POMPANO BEACH, FL 33062 | | |
| | | 1800 N FEDERAL | HWY. | |
| | | UNIT 210 | | |
| | | POMPANO BEAC | H, FL 33062 | • |
| 3. If amending the registered agent and/or gent and/or the new registered office address. | _ | | rds, <u>enter the nan</u> | ne of the new regist |
| Name of New Registered Agent: | GADRIEL CHOCKON | | -u. l | |
| New Registered Office Address: | 1800 N FEDER | RAL HWY, UNIT 210 | | |
| | | Enter Florida street address | | |
| | POMPANO BE | | , Florida <u></u> | 3062 Zip Code |
| | | City | | гір Соае |

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 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 |
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| mective an effect | e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. | .0207 |
| <u>iote:</u> If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | ed as i |
| ocumen | t's effective date on the Department of State's records. | ٠, |
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| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | r the |
| l is filed | | |
| | Deacusin 18 . 2023. | |
| ated | Devenson 18 . 2069. | |
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| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00