vision of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GERALD WEINBERG, P.C. Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381 ##Enter the email address for this business entity to be used for future 😉 🎞 annual report mailings. Enter only one email address please. 🤲 ,Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Certificate of Status	0
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Page Count	03
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PERACINI'S LLC

Lu. 10 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DED LODGE TILS

	INI 2 LLC	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our Liability Company)	r records.)
he Articles of Organization for this Limited Liability Companionida document number <u>L23000177487</u>	y were filed on	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ollity Company," the designation	
nter new principal offices address, if applicable:		107
Principal office address MUST BE A STREET ADDRESS)		0
nter new malling address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		Tu '
If amending the registered agent and/or registered office tent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registe
New Registered Office Address:	Enter Florida street	l address
		, Florida
	City	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Leonardo Lucas Peracini Pereira		
			Remove
			🖹 Change
AMBR	AMBR Michele Cristina De Oliveria Peracini		DAdd
			Remove
			⊆ Change
			□Add
			□Remove
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Signature of a number or authorized representative of a member	OCTOBER 3 Dated	2023	
Signature of a member or authorized representative of a member	DEC	00	
	for the Li	Signature of a member or authorized re	oresentative of a member
	LEONARDO LUCAS I	PEKACINI PEKEIRA	

1100 000 000 000 0

Typed or printed name of signee