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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

nter 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 MY DORAL RESEARCH LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY DORAL RESEARCH LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	···	
The Articles of Organization for this Limited Liability Company  Clorida document number L23000197649	were filed on <u>04/20/2023</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	5881 NW 151 ST SUITE 218		
Principal office address MUST BE A STREET ADDRESS)	MIAMI LAKES, FL 33014		
Enter new mailing address, if applicable:	5881 NW 151 ST SUITE 218		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI LAKES, FL 33014		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	e of the new regist	
New Registered Office Address:	Enter Florida street address	9 : -1 P: :	
	, 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 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
		<del></del>	🗖 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
	<del></del>		🗆 Add
			⊡Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
•	
•	
an el ote:	ive date, if other than the date of filing:  [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor	rd 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 led.
ated	September 19 2024
	·
	Signature of a member or authorized representative of a member
	YAIRANNE RODRIGUEZ FOR PH WELLNESS & RESEARCH INC
	Typed or printed name of signec