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		ARTICLES	OF ORGA	NIZAT	ION	
			OF	• •	¢	÷
	ROMBILLC					
	<u>(N</u>	ame of the Limited Liabili (A Florida	v Company as it i Limited Liability	iow appears company)	ou ont. Leco	rds.)
The Articles	of Organization for	this Limited Liability C	отралу were fi	led on	17/2023	
Florida docu	ment number L2300	0244111	_,			
This amendr	nent is submitted to a	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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE					
		·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	(BOX)				
	<u>_</u>		<u> </u>	 	_
B. If smending the projectored area (• • •			دمع)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	ddress on our records, <u>en</u>	ter the name of (he new r	egistered
	<u></u> .				-
Name of New Registered Agent:	SILVA L KUP	ERMAN	<u></u>	ž	C.:
New Registered Office Address:	1550 NE 191 ST	ſ #109		<u>ਦੇ</u> ਹ	<u> </u>
		Enter Florida street ad	dress		
	MIAMI		Florida 33179		
		City		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.

121 Silvia L. Kuperne If Changing Registered Agent, Signature of New Registered Agent

___ and assigned

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	AYALA, LAURA	1550 NE 191 ST #109	
		MIAMI, FL 33179	
			□Change
AMBR	AYALA, MARIA	1550 NE 191 ST #109	
		MIAMI, FL 33179	
			□Change
MGR	SILVIA L KUPERMAN	1550 NE 191 ST #109	add
		MIAMI, FL 33179	
			🗍 Change
			□Add
			🗆 Add
			🖸 Remove
			□Change
			🗆 🖂 🗠
			🖾 Remove
			Change

---------E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 6(5.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Jocument's effective date on the Department of State's records.

If the record 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 filed.

Dated	06/01 2023
	1D1 Signature of a member or authorized representative of a member
	SILVIA L KUPERMAN

Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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