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(((H230003106343)))



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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : MYCOMPANYWORKS, INC.

Account Number : I20230000035 Phone : (702)362-2677 Fax Number : (702)825-2581

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 FIL 88 LLC

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ARTICLES OF AMENDMENT TO

		ARTICLES OF ORGANIZATION OF	F
-*	*		
	FIL 88 LLC		
	(<u>.Na</u>	me of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Article	s of Organization for t	his Limited Liability Company were filed on 05/26/2023	and assigned
	ument number <u>L23000</u>		

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	1300 S Miami Ave Unit 3111					
(Principal office address MUST BE A STREET ADDRESS	Miami, FL 33130					
Enter new mailing address, if applicable:	1300 S Miami Ave Unit 3111					
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	d office address on our records, enter the names of the new					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

O 09/06/2023 9:40 AM H230003106343

> If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

→ 18506176383

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Ricardo Manuel Da Silva De Sousa	1300 S Miami Ave Unit 3111	
		Miami, Fl. 33130	5 n
			■ Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			🗖 Change

D. It amenum	ig any other informatio	on, enter change	(s) nere: <i>(.)</i>	utach adamo	nai sneets, if n	recessary.)	
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Note: If the	ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	adoes not meet the	e applicable :	e of filing or mo statutory filing	(op re than 90 days at requirements, t	otional) fter filing.) Pursuant this date will not b	36 605.0207 (3)6 se listed as the
	specifies a delayed e n day after the record		but not an	effective ti	me, at 12:01	l a.m. on the	earlier of:
Dated Septe	ember 6	. 202	3				
	/s/ Ricardo Manuel Da S						
_	Sig	gnature of a member	or authorized	representative c	l a incinber	-	
R	Cicardo Manuel Da Silva I						
_		Typed	or printed nar	ne of signee			

Page 3 of 3

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