10/13/23, 11:28 AM

Division of Corporations

Florida Department

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Column Email Address: hernandezj@hco.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORGANNACT INTERNATIONAL LLC

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6-1132-2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORGANNACT INTERNATIONAL LLC		
(Name of the Limited Liability (A Florida)	Company as It now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on June 12th, 2019	and assigned
Florida document number L23000312973	_'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or th	e abbreviation "I. I. C."
Enter new principal offices address, if applicable:	·	`
(Principal office address MUST BE A STREET ADDRE	ESS)	· · · · · · · · · · · · · · · · · · ·
		·
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)	400000000000000000000000000000000000000	2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Floraia street addiess	
	, Florida	Zin Code
New Registered Agent's Signature, If changing Registered		esp. c. our

Thereby 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 dities, 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>	Name	Address	Type of Action
MGR	Roberto de Abreu Sodre Silva	11401 NW 134th St STE-107	□Add
		Medley, Fl. 33178	≣Remove
			(IChange
			OAdd
		□Remove	
		[]Change	
			(T)Add
		☐ Remove	
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		ElRemove	
			©Change
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<u>Note:</u>	ive date, if other than the date of filing:
the record ford is fil-	d 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 ed.
Dated	October 10th 2023 2023 2021
	Signature of a member or authorized representative of a member
	<i>(/</i>