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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MYCOMPANYWORKS, INC.

Account Number : I20230000035 Phone : (702)362-2677 Fax Number : (702)875-7581

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIL 88 LIC LLC

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## ADTICLES OF AMERIMENT

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<b>;</b>	TO	,
ARTICLES O	F ORGANIZATION <sub>3</sub>	
_	OF	,
FIL 88 EIC LEC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	· -
The Articles of Organization for this Limited Liability Comp	oany were filed on 07/13/2023	and assigned
Florida document number L23000333138		
This amendment is submitted to 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 I	.iability Company," the designation "LLC" or	the abbreviation "L.I. C."
Enter now principal offices address, if applicables	1300 S Miami Ave Unit 3111	

Enter new principal offices address, if applicable: Miami, Ft. 33130 (Principal office address MUST BE A STREET ADDRESS) 1300 S Miami Ave Unit 3111 Enter new mailing address, if applicable: Miami, FL 33130 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:			رادر
			า
New Registered Office Address:	Enter Florida st		
	Enter Piorida M	reet address	***
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	l:		i.
	<del>_</del>		*****

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

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> 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	Ricardo Manuel Da Silva De Sousa	1300 S Miami Ave Unit 3111	□ Add
		Miami, Fl. 33130	7.0
			☐ Change
	<del></del>		
			☐ Remove
		<del></del>	☐ Change
			☐ Remove
			Change
Market Market Transfer			□ Add
			□ Remove
			☐ Change
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ective date, if other than the reflective date is listed, the date must	date of filing:	r to date of filing or more t	(optional) han 90 days after filing.) Pursua	nt to 605,020
te: If the date inserted in this blo tument's effective date on the De			quirements, this date will not	t be listed a
	•			
record specifies a delayed The 90th day after the reco		ot an effective time	e, at 12:01 a.m. on the	earlier c
September 6	2023			
/s/ Ricardo Manuel Da				
······································	Signature of a member or auth	orized representative of a	member	

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