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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

Email Address: Kleopold@leopoldkorn.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AYFIOSPA FLORIDA LLC

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M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYFIOSPA FLORIDA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>07/28/2023</u>	and assigned
Florida document number L23000355800		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
P. A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- S - Z
		5 5
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Lip Code

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.

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Leopold Fax

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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

16-Nov-2023 17:37

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OPTICONT LLC	11337 CENTER LAKE DRIVE, APT 3312	
		WINDERMERE, FL 34786	■ Remove
			□Change
MGR	Maria Alejandra Vieyra	11337 CENTER LAKE DRIVE, APT 3312	• Add
		WINDERMERE, FL 34786	□Remove
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			□ Change

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ective date, if other than the dot effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Dep	be specific and cannot be prior to date of filing it does not meet the applicable statutory	(optional) ng or more than 90 days after filing.) Pursuant t y filing requirements, this date will not be	o 605.0201 e listed æ
	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day	after the
s filed.			
s filed. November 16	2023		

Filing Fee: \$25.00