

(((H24000283340 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048

Phone

: (954)793-0353

Fax Number

: (954)944-3163

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

Email Address: EDUGOMES ADM @ GMAIL. COM

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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| Enter new mailing address, if applicable: | 223 and assigned |
|--|---------------------------------------|
| Florida document number L23000475043 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 Liability Company," the designation "LL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | and assigned |
| 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 intest be distinguishable and contain the words "Limited Liability Company," the designation "LL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
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| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | C" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | |
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| (Mailing address MAY BE A POST OFFICE BOX) | S 7. |
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| B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: | r the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: 5688 Boynton Cove Way Emer Florida street addre | us |
| Boynton Beach F. | lorida <u>33437</u> |
| City | Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

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

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| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------------------------|-------------------------|--|
| MGR | ALEXANDER PEREZ | 5688 BOYNTON COVE WAY | □AbA□ |
| • | | BOYNTON BEACH, FL 33437 | ⊠Remove |
| | | | □ Change |
| MGR | EDUARDO GOMES | 5688 BOYNTON COVE WAY | □Add |
| | | BOYNTON BEACH, FL 33437 | □Remove |
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| E. Effecti | ve date, if other than the date of filing: (optional) | | |
| Note: | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. | listed as th |)(b) e |
| If the record | i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dayed. | after the | |
| Dated | 08/22/2024 | | |
| | | | |
| _ | Alexandra Verus (Aug 23, 2024) 1-57 (DT) | | |