ACCISMARI, INC. Web Fax Page: 1/4

12/18/23, 4:10 PM

Division of Corporations

Florida Department of State

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To: Division of Corporations Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20180000072 Phone : (305)407-2030 Fax Number : (305)407-1370

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

Email	Address:			

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE OFFICE C, LLC			
Name of the L	imited Liability Company as it non-anne (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited	d Liability Company were filed on 1	0/24/2025	and assigned
Florida document number L23000485433			
This amendment is submitted to amend the i	following:		
A. If amending name, enter the new nam	e of the limited liability company h	ere:	
			262
the new name must be distinguishable and contain the	ie words "Limited Liability Company," the	esignation "LLC" or the abbrev	iation "L.L.C."_,
Enter new principal offices address, if app	dicable:		
Principal office address MUST BE A STR			
	**	***************************************	
inter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •		****	
Mailing address MAY BE A POST OFFIC	E BOX)		
	·	·	
l. If amending the registered agent and/or gent and/or the new registered office addi	r registered office address on our reges here:	ecords, <u>enter the name of</u>	the new register
Name of New Registered Agent:	David J. Larrea Echevarria		
New Registered Office Address:	6355 NW 36TH ST. STE 401		·
	Enter Flori	da sireei adahtsis	
	VIRGINIA GARDENS	Florida 33166	

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

<u>Title</u>	Name	Address	Type of Action
MGR 	David J. Larrea Echevarria	4527 W Continental Dr. Glendale, AZ 85308	= Add
			□Remove
			[]Change
MGR	ALAIN FUENTES CARMONA	6355 NW 36th ST, STE 401	DAdd
		VIRGENIA GARDENS, FL 33166	=Remove
			[] Change
			🗆 Add
			□Remove
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			□Add
			□Remove
			Change
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			Remove
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	nending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
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Tect	ive date, if other than the date	te of filing:(optional)
មា ស៊ូ	focuive date is listed, the date must be so	specific and cannot be point to date of filing or more than 90 days after filing 3 thereigns to 604 0200
स्टब्स होस्	in the date thiselfed in this block of tent's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records
	d specifies a delayed effective date	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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is fil	DECEMBER 12nd	[amea]
is fil	DECEMBER 12nd	[anca)
recor is fill sated	DECEMBER 12nd	Typed or printed name of signee
is fil	DECEMBER 12nd Signa David J. Larree Echevarria	Typed or printed name of signee
is fil	DECEMBER 12nd Signa David J. Larree Echevarria	nature of a thember or authorized representative of a member