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Division of Corporations

Fax Number

: (850)617-6383

From:

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Account Number : I20000000019

Phone

: (305)552-5973

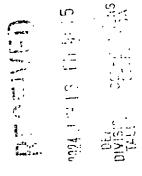
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LALA GIRL LLC

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Help

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| | | GIRL LLC | LURIO |
|---|--|---|---|
| (Name of the Lin | ited Lisbility Compa (A Florida Limited I | ny as it now appears on (liability Company) | our records.) |
| The Articles of Organization for this Limited | Liability Company | were filed on 01/17/2 | 024 and assigned |
| Florida document number L24000037953 | | • | |
| This amendment is submitted to amend the fol | llowing: | • | |
| A. If amending name, enter the new name | of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liebil | ity Company." the designa | tion "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if appli | | 13500 NE 3rd COUR | |
| (Principal office address MUST BE A STRE | | APT 118 | |
| | | NORTH MIAMI, FL | ORIDA 33161 |
| P | . 7: | : : 13500 NE 3rd COUR | - |
| Enter new mailing address, if applicable: | | APT 118 | 1 |
| (Mailing address MAY BE A POST OFFICE | <u>(BUX)</u> | NORTH MIAMI, FL | ORIDA 33161 |
| | | | ONIDA 33101 |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | registered office a <u>ess here</u> : | ddress on our record | s, enter the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 13500 NE 3rd C | OURT APT 118 | |
| • | | Enter Florida str | eci address |
| | NORTH MIAM | [[| , Florida 33161 |
| | | 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 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> | <u>Name</u> | Address | Type of Action | | |
|--------------|--------------------|---------------------------------------|----------------|--|--|
| AMBR AMBR | MARIA A. MUSTELIER | 13500 NE 3rd COURT | 🗟 Add | | |
| - | | APT 118 | | | |
| | | NORTH MIAMI, FLORIDA 33161 | □Change | | |
| AMBR | MARIA A. MUSTELIER | 1112 NE 117 STREET | □Add | | |
| | | | Remove | | |
| | | BISCAYNE BLVD, FLORIDA 33161 | □ Change | | |
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