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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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m - 1 1	Address:			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASAVI INVESTMENT LLC		•	
(Name of the Limited Liability Company as it now appears (A Florida Lumited Liability Company)	mour records.)		
The Articles of Organization for this Limited Liability Company were filed on			
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 desi	gnation "LLC" of the abbreviation "L.L.C."	_	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new-mailing address, if applicable: (Mailing address MAY RE A POST OFFICE ROY)			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida	Enter Florida sireet address		
	, Florida		
	, FloridaZip Code	•••	
New:Registered: Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chr	duties and Law Comilian with and		

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. O., 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.

It Changing Registered Agent, Signature of New Registered Agent

3052201440

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action		
MGR	JUAN CARLOS GALVIS NUNEZ	5255 NW 112TH AVE UNIT 7			
		DORAL FL. 33178			
MGR	ANA MILENA ROJAS GIL	5255 NW H2TH AVE UNIT 7	<u>-</u>		
		DORAL, FL 33178			
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	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
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ective date, if other than	the date of filing:	
te: If the date incerted in this	the date of filing: must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursuant to 605,0207 (block does not meet the applicable statutory filing requirements, this date will notibe listed as to Department of State's records.	(3)(5)
	e Department of State's records.	he
cord specifies a delayed office	Office date has an an accordance	
s filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 50th day after the	
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ed August 19th	$\frac{2024}{1}$	
	of toman / I have.	
	Signature of a member or authorized representative of a member	
	. The manufaction of the member	