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To:				
	Division of Corporations			
	Fax Number : (850)617-6383	20	2024	
From:			£	TI
	Account Name : LAZARUS CORPORATE FILING SERVICE	, INC.	<u> </u>	_
	Account Number : I20000000019		, , ,	-
	Phone : (305)552-5973	<u>ن</u> ين	25	ł
	Fax Number : (305)675-5944		. –	TG:
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**[Enter the email address for this business entity to	be used for future 🗧	دي	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 100971 INVESTMENTS, LLC

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Corporate Filing Menu

Help

K. SALY

JUL 2 6 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION · OF

FILEL 2024 JUL 25 AM 3: 48 SECRETARIA MALLAHASSEE, FLORIDY

100971 INVESTMENTS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Flonda Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/20/2024	and assigned
Florida document number L24000234276	

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addi	ress
	, I	Florida 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.

1

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
P	MIGUEL J ATALA	8745 SW 109 STREET	🗆 Add
<u>.</u>		MIAMI, FL 33176	Remove
			□Change
VP	SAMIR ATALA	8745 SW 109 STREET	🗆 Add
		MIAMI, FL 33176	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective d	ate, if other than th	e date of fillng:	(optional)	0007 (3)(5)
Note: If the	e date is listed, the date in e date inserted in this	ust be specific and cannot be prior to date of filing or mo block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be lis	sted as the
f the record spe ecord is filed.	cifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day aff	ter the
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	ተጠር እና ሳለ	2024		

Dated	JULY 24	2024	
		C. M. M. A. L.	
		Der Hota	
		Signature of a member or authorized representative of a member	
		TALEB ATALA	
		Typed or printed name of signee	

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