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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617

Fax Number

: (786)713-1940

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

55 E

# \_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASSF EXCHANGE LLC

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŝ

	SF FNCHANGE LLC		
(Name of the Limited I	ability Company as it now appears on our records. Forida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number <u>1.24000310376</u>	lity Company were filed on	and assigned	
This amendment is submitted to amend the following	นที:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or tag abbreviation "L.I.,C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	2024	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		RA 8	
Name of New Registered Agent:		2	
New Registered Office Address:	Enter Florida street address	36 ME	
	, Florida		
-	Cin	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 om 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. Thereby 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

Title	Name	Address	Type of Action
MGR	SIFUENTES DA SILVA FILHO, ALRIMAR	1549 NE 123RD ST	∃Add
		NORTH MIAMI, FL 33161	∏Remove
			■ Change
			□Add
			Remove
		<del></del>	
			UAdd
			□Remove
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). If amending any other informa	tion, enter change(s) here:	Attach additional sheets, if necessary,)	
-			<del></del>
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		-	
<u> </u>			
Effective date, if other than the (If an effective date is listed, the date mu- Note: If the date inserted in this bl- document's effective date on the D	lock does not meet the applicab	(optional) o date of filing or more than 90 days after filing.) Pursuan ble statutory filing requirements, this date will not	Go 605.0207 (3) De listed as the
the record specifies a delayed effective cord is filed.	re date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (h) The 99th di	ay after the
Dated	2024	·	
		ntes da silva	
	Signature of a member or authori		
	ALRIMAR SIFUENTE		
	Typed or printed	I name of signed	