I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: JOSE AUGUSTO SENEGAGLIA

Electronic Signature of Signing Authorized Person(s) Detail

4863 HAWKWOOD RD #A BOYNTON BEACH, FL 33436

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L17000175591

4863 HAWKWOOD RD #A BOYNTON BEACH, FL 33436

FEI Number: 82-2601133

Name and Address of Current Registered Agent:

SENEGAGLIA, JOSE AUGUSTO 4863 HAWKWOOD RD #A BOYNTON BEACH, FL 33436 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :TitleMGRNameSENEGAGLIA, JOSE AUGUSTOAddress4863 HAWKWOOD RD #ACity-State-Zip:BOYNTON BEACH FL 33436

Entity Name: AUGUSTO GENERAL PROFESSIONAL SERVICES LLC

FILED Apr 05, 2020 Secretary of State 6354736955CC

Certificate of Status Desired: No

Date

04/05/2020 Date