Florida Department of State Division of Compressions

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name :: S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091

Phone : (786)212-0491

Fax Number : (305)454-6657

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

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AUG 20 2023 K. Brumbley

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Company as It now app (A Florida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited lorida document number L22000193132	Liability Company were filed on	05/11/2022	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability company	here:	
he new name must be distinguishable and contain the		c designation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<i>EBOX</i>)		
. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our	records, enter the nan	ne of the new registr
Name of New Registered Agent:	LUIS MAGGI		0 - F.
New Registered Office Address:	7850 NW 146TH ST SUITE 50	<u> 1</u>	P. C.
	Enter F	lorida street address 📑	<u> </u>
	MIAMI LAKES		رك 16

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.

City

If Changing Begistered Agent, Signature of New Registered Agent

Zip Code

08-18-25; 02: 26PM; SS_ACCOUNT NG : 30550 10659 = 37 4 amending Authorized rerson(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
MGR	292 GROUP LLC	8200 NW 41st Street Suite 270	≣ Add
,		Doral, FL 33166	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			DAdd
			□Remove
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fective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific an tis block does not :	d cannot be prior to the cannot be prior to the capplications.	to date of filing o able statutory fi	r more than 90 do ling requireme	(optional) sys after filing.) Prints, this date wi	arsuant to 605.02 If not be listed
record specifies a delayed off	fective date, but no	t an effective ti	me, at 12:01 a.	n. on the earlic	rof:(b) The S	Oth day after th
AUGUST 18		2023 ×	 '			
AUGUST 18		7/	·			
ated AUGUST 18	September of a	2023	M prižed representa	ive of a member		