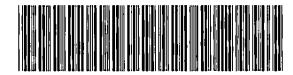


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ORATION, LLC				
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
ALFREDO A JACOMINO)			
	Name of Person			
ELITE REGISTRATION	SERVICES, LLC			
	Firm/Company			
5805 BLUE LAGOON DE	RIVE, SUITE 145		2021	
	Address		·	
MIAMI, FL 33126			818	,
ajacomino@skjtllp.com	City/State and Zip Code		- 	ļ
	to be used for future annual report notif	ication)		
oncerning this matter, please ca	all:		<u>ش</u> :	
0	305 269-8633 EX	T 8018		
Person	Area Code Daytime	Telephone Number		
e following amount:				
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status & Copy	
	Amendment and fee(s) are subsidence concerning this matter ALFREDO A JACOMINO ELITE REGISTRATION 5805 BLUE LAGOON DE MIAMI, FL 33126 ajacomino@skjtllp.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter.) Person	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ALFREDO A JACOMINO Name of Person	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. adence concerning this matter to the following: ALFREDO A JACOMINO Name of Person ELITE REGISTRATION SERVICES, LLC Firm/Company 5805 BLUE LAGOON DRIVE, SUITE 145 Address MIAMI, FL 33126 City/State and Zip Code ajacomino@skjtllp.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: O at (Area Code Daytime Telephone Number ce following amount: S 30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee & Certificat (additional copy is enclosed) Street Address:	Name of Limited Liability Company Amendment and fec(s) are submitted for filing. Address ELITE REGISTRATION SERVICES, LLC Firm/Company 5805 BLUE LAGOON DRIVE, SUITE 145 Address MIAMI, FL 33126 City/State and Zip Code ajacomino@skjtllp.com E-mail address: (to be used for future annual report notification) Person Acrea Code Daytime Telephone Number E Gollowing amount: S 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed on 1/04/2021	and	assigned
npany here:		
npany here:		
npany here:		
any," the designation "LLC" or the	bbreviation	ı "L.L.C."
NW 112 AVE	ŋ- - : _ '	202
EAH GARDENS, FL. 33018	~	7
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EAH GARDENS, FL. 33018	Ţ.	
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If Changing Registered Agent, Signature of New Registered Agent

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
MGR	DIEGO A LONDONO GOMEZ	14600 NW 112 AVE	🗆 Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to diote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	te of filing or more than 90 days statutory filing requirements	optional) after filing.) Pursuan , this date will not	t to 605.020 be listed a
record specifies a delayed effective date, but not an effective time, I is filed.	at 12:01 a.m. on the earlier o	of: (b) The 90th d	ay after the
ated FEBRUARY 18 2021			
Signature of a member or authorize			

Filing Fee: \$25.00