## h21000282085

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(Address)
(Address)
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(Business Entity Name)
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## **COVER LETTER**

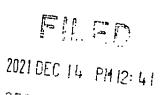
Registration Section

TO:

Division of Cor	porations		
	OS BOTALON LLC		·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	C/O YAN VALDES		
		Name of Person	
	VALDES CPA & ADVIS	ORS, PA	
		Firm/Company	
	C/O 848 BRICKELL AVI	E, SUITE 625	
		Address	
	MIAMI, FL, 33131		
	<del></del>	City/State and Zip Code	
	yvaldes@valdescpa.com	to be used for future annual report no	A/C
		-	onication)
For further information c	oncerning this matter, please c	all:	
YAN VALDES		305 517-3309 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ALIMENTOS BOTALON LLC

(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{06/17/2021}{}$	and assigned
Florida document number L21000282085		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BOTALON GROUP LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S</u> į	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The strategy of the Addings.	Enter Florida street a	ddress
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Registere	<u>tent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dutie t as provided for in Chapter t	s, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
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			□Add
			□Remove
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			□Add
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			□Change
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		·····	□Remove
			□Change
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			□Remove
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ffective date	e is listed, the date te inserted in thi	the date of filin must be specific and s block does not r e Department of S	d cannot be prior to d neet the applicable	ate of liling or more that statutory filling requ	(optional) n 90 days after filing.) arements, this date v	Pursuant to 605.0207 ( vill not be listed as t
lote: If the da					and the of the The	90th day after the
lote: If the da ocument's eff	es a delayed effe	ctive date, but not	t an effective time.	at 12:01 a.m. on the	earner or: (b) The	Jour Cary affect the

Filing Fee: \$25.00