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COVER LETTER

TO: Registration S Division of Co			
FMM BE SUBJECT:	T-EL L.L.C.		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	ALEJANDRO MORENO)	
		Name of Person	
		Firm/Company	
	145 SW 8TH ST UNIT 7	02	
	MANUEL	Address	
	MIAMI FL 33130		
	ALEFLOSUN97@HOTM	City/State and Zip Code AIL.COM	
	-	(to be used for future annual report notific	cation)
For further information of	concerning this matter, please of	rall:	
ALEJANDRO MOREN	80	786 804-8833	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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 Addres Registration S	Section	Street Address: Registration Secti	ion
Division of C P.O. Box 632	orporations	Division of Corpo	orations
Tallahassee, I		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMM BET-EL L.L.C.		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records led Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 07-08-2021	and assigned
Florida document number L21000311955		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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> </u>	7 T
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	-	ω
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, <u>enter (</u>	the name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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 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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
P	ALEJANDRO MORENO	145 S.W. 8TH ST UNIT 702	≣∧dd
		MIAMI FL 33130	□Remove
			□ Change
VP	QUIJADA JHONHECDI	9555 SW 175TH TERRACE	
		#571	□Remove
		PALMETTO BAY, FL 33157	= Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after liling.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.		
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Signature of a member or authorized representative of a member	ated	NE 4
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L21000311955 FILED 8:00 AM July 08, 2021 Sec. Of State jafason

Article I

The name of the Limited Liability Company is:

FMM BET-EL L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:

145 S.W. 8TH ST 702 MIAMI, FL. 33130

The mailing address of the Limited Liability Company is:

145 S.W. 8TH ST 702 MIAMI, FL. 33130

Article III

Other provisions, if any:

ANY LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

ALEJANDRO MORENO 145 S.W. 8TH ST 702 MIAMI, FL. 33130

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALEJANDRO MORENO

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR ALEJANDRO MORENO 145 S.W. 8TH ST, 702 MIAMI, FL. 33130 L21000311955 FILED 8:00 AM July 08, 2021 Sec. Of State jafason

Article VI

The effective date for this Limited Liability Company shall be: 07/07/2021

Signature of member or an authorized representative

Electronic Signature: ALEJANDRO MORENO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.