Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVANNA FLORENCIA TRACHTER LLC

Certificate of Status Certified Copy 01 Page Count \$25.00 Estimated Charge

JUL 2 8 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVANNA FLORENCIA TRACHTER LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records lited Liability Company)	P)
The Articles of Organization for this Limited Liability Comp. Florida document number 1.21000321985	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES.	(S)	<u>></u> ≤ <u>S</u>
		<u>S</u>
		PA PA
Enter new mailing address, if applicable:		7 CO RYE
(Mailing address MAY BE A POST OFFICE BOX)		
		- 2 <u>III</u> E
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ss .
	, Fl	lorida
·	City .	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>	Address	Type of Action
AMBR	DIEGO BOROJOUICH	3440 NE 192ST 1B	∐Add
		AVENTURA FL 33180	■Remove
			□Change
			□ Add
			□Remove
			□ Change
			OAdd DIVISION SERVE
			CITATE OF STATE OF ST
			□Change
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Effective date, if other than the date of an effective date is listed, the date must be to be a listed in this block document's effective date on the Department.	ate of filing: e specific and cannot be priced does not meet the apple	21 or to date of filing or n icable statutory filir	(options	ng.) Pursuant to	— 5,
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DatedJULY 26	2021				
~ HT H H		 '			

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Typed or printed name of signee