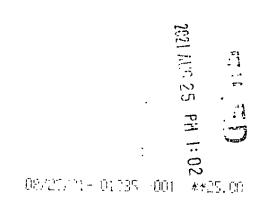
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Talfahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mandra LLC			
			
<u> </u>			
			Art of Inc. File
	 -		LTO Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рһою Сору
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
-			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval

COVER LETTER

Division of Co	ection rporations		
SUBJECT: MANDRA	ALLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	unitted for filing	
	ondence concerning this matter		
	Albert Corrada		
		Name of Person	
	Albert Corrada CPA		
		FirmvCompany	
	2655 LeJeune Road, Suite	902	
		Address	
	Coral Gables, FL 33134		
	acorrada@corradacpa.com	City/State and Zip Code	-
For further information c	E-mail address: (concerning this matter, please e	to be used for future annual report notifi	cation)
Albert Corrada	oncerning this matter, prease e	305 804-8569	
Name o	of Person	nt /	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

MANDRA LLC		
(Name of the Limited L (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number 1.21000368645	ity Company were filed on 08/16/20	21 and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		S S
Enter new mailing address, if applicable:		P .
(Mailing address MAY BE A POST OFFICE BOX	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
	· · · · · · · · · · · · · · · · · · ·	0.2
B. If amending the registered agent and/or regis agent and/or the new registered office address he	itered office address on our record ere:	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
_		, Florida
New Registered Agent's Signature, if changing Regis	City	Zip Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change.	gent and agree to act in this capac and complete performance of my d ed agent as provided for in Chapt stered office address. I hereby co	uties, and I am familiar with and er 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, 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	GOYBURU, SEBASTIAN	5640 COLLINS AVE SUITE 6-D	
		MIAMI BEACH, FL 33140	
MGR	GOYBURU, GUSTAVO	5640 COLLINS AVE SUITE 6-D	
		MIAMI BEACH, FL 33140	□Remove
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			Remove
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			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			ClChange

	ation, enter change(s) here: (Attach additional sheets, if necessary),	
		
		
		
		-
		
ffective date, if other than the	date of filing: (outline)	
an effective date is listed, the date mu	the specific and cannot be prior to date of filing or more than 90 days after filing at	Pursuant to 605.0207
ocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as
record specifies a delayed effective is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
i is flied.		
August 24	2021	
	7) · —— ·	
	Signature of a member or authorized representative of a member	
SUSANA MUZIO		
	Typed or printed name of signee	

Filing Fee: \$25.00