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2022 OCT | 4 MAII: 55 SECRETARY OF SIATE

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations			
OUD ID OT	BURGAS I	LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		TEODORO PEREZ			
			Name of Person		
		BURGAS LLC			
			Firm/Company		
		4851 NW 79Av Suite 9			2022 SEC
			Address		
		Doral FL 33166			発表す
		0.10	City/State and Zip Code	_	2022 OCT 14 AM II: 55 SECRETARY OF STATE TALLARASSEE, FL
		tpy@ophfl.com E-mail address: (to be used for future annual report no	tification)	T 5
For further in	nformation c	oncerning this matter, please c		,	· H O
TEODORO	PEREZ		786 7977968		
	Name o	f Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Re	iling Addres gistration S	Section	Street Address: Registration So	ection	
	vision of C D. Box 632	Corporations	Division of Co The Centre of		
	llahassee, I			oe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>s.</u>)		
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" or the abbrevi	ation "L.	L.C."
FL 33166		
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orida <u>33166</u>		
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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.

Ganine Guerraro

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	<u>Address</u>	Type of Action
AMBR	MARTIN DANIEL FARRE	1420 Brickell Bay Drive, apt 807	□Add
		Miami FL 33131	≅Remove
			Change
AMBR	MIJAL AGOSTINA LICATA	1420 Brickell Bay Drive, apt 807	□Add
		Miami FL 33131	≅ Remove
AMBR	JUAN JOSE LICATA	733 Crandon Blvd Apt 506	□Add
		Key Biscayne, FL 33149	SECRETA TALLA
MGR	TEODORO PEREZ	4851 NW 79 Av Suite 9	Change SSU SAdd
		Doral FL 33166	FRemove □ Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: (Optional) (Iff an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The ercord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filled. Dated October 07 2022 Signature of a member or authorized representative of a member			
Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date on the Department of State's records. Dated October 07 2022 2022			
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Filing Fee: \$25.00