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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

The Law Firm of Maroto, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Luis Maroto Name of Person The Law Firm of Maroto, LLC Firm/Company 224 Datura St. Unit 1205 Address West Palm Beach, FL 33401 City/State and Zip Code Luism@kkccb.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luis Maroto Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARI	O)KGANIZATIO)F	/19	2022 SEI
	_			FILE 2022 MAY -6 SECTLIANSE
The Law Firm of Maroto, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)	AY -6 PH 2med
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{11/1/21}{}$		and assigned
Florida document number L21000473655				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
· · · · · · · · · · · · · · · · · · ·				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		224 Datura St. Unit	1205	
		West Palm Beach, FL 33401		
			_ -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		224 Datura St. Unit	1205	
		West Palm Beach, FL 33401		
Maning unders MAT BE AT OST OFFICE	<u> </u>			
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our recor	ds, <u>enter the name</u>	of the new registere
agent and/or the new registered office address	<u> </u>			
Name of New Registered Agent:				
New Registered Office Address:	224 Datura St.			
		Enter Florida si		
	West Palm bea	ch Circ	, Florida <u></u>	7in Code
		1 170		cin (nata

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
			□ Add
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record specifies a delay-	ed effective date	e, but not an effe	ective time, at	12:01 a.m. on th	e earlier of: (b)		fter the
l is filed.						TALL)	2022
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Oated		The second	or authorized -	onegoptative of -	mamha-	in E	1 - 6 PH
Oated	Signa	ature of a member	or authorized r	epresentative of a	member	STATE FLORIDA	2022 HAY -6 PH 2: 42

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