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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMI ESperanza LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Yran Vazguez Name of Person	
AMJ Esperanza LLC	
3930 NW 177 St	
Miami Pardens, FL. 32055 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yran Vazquez at (305) 600 - 8686 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: 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

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1MI ESPERANZA L (Name of the Limited Liability Compa	
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2.200001429</u> .	were filed on OIOb 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3730 NW 1775+
(Principal office address MUST BE A STREET ADDRESS)	Miami Gardens
	FL 33055
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3930 NW 1775+ Miami Gardens
	FL: 33055
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida City Zin Code
	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 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>	<u>Name</u>	Address	Type of Action
MGR	Vazquez Yran	3930 NW 1775+	□ Add
		Miami Gardens FL 33	3055 ARemove
			Change
MGR	Vazquez Yran	3930 NW 177 St	□Add
		Hiami Gardens FL 3305	55xIRemove
			□Change
MGR	Vazquez Yran	3930 NW 177 St	□Add
		Miami Gardens FL 3305	S X ∫Remove
			□Change
MGR_	Vazquez Yran	3930 NW 1775+	🗆 Add
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	·	Miami Gardens Fl. 3805	<u>√</u> [XRemove
			□Change
			□Add
			□Remove
			Change

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