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SECRETAST OF STATE

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A. BUTLER APR 1 3 2022

COVER LETTER

Division of Cor	porations		
	IDORA TONY 2005 LLC		
· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The analysis Agricles of	Amendment and fee(s) are subt	nitrad for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	TRIS BRICENO		
		Name of Person	
	DISTRIBUIDORA TONY	2005 LLC	
		Firm/Company	
	18117 BISCAYNE BLVD	3112	
		Address	
	AVENTURA, FL 33160		
		City/State and Zip Code	
	ustuempresa@gmail.com E-mail address: 0	to be used for future annual report not	tication)
For further information c	concerning this matter, please ca		
IRIS BRICENO		786 340-0372	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	-		PR 040 00 IVIII IV
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addre</u>	ss:	Street Address:	
Registration		Registration Se	
Division of Communications		Division of Co	rnorations

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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 FILED

DISTRIBUIDORA TONY 2005 LLC

(Name of the Limited Liability Company as it now appears of the Limited Liability Company)

(A Florida Limited Liability Company)

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 02/14/2021_LAHASSEE, FL and assigned Florida document number 1.22000074380 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address NA _____. Florida NA 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>	<u>Address</u>	Type of Action
AMBR	JOSE DE SOUSA	18117 BISCAYNE BLVD, 3112	≣ Add
		AVENTURA, FL 33160	□Remove
			□Change
AMBR	ELVA SILVA	18117 BISCAYNE BLVD, 3112	≡ Add
		AVENTURA, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
N'A	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change

Page 2 of 3

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