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COVER LETTER

TO: Registration Section , , , v v Division of Corporations	•
SUBJECT: Anabella Cruscomagno LC Name of Limited Liability Company	•
rame or manage satisfact, sample,	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dayana Conde	
Dayana Conde Name of Person Urban accounting Inc Firm/Company	
Firm/Company J 2555 SW 8th ste 202 Address	-
	_
Miami FL 33135	
Mami FL 33135 City/State and Zip Code day and @ Whan accounting. A E-mail address: (to be used for future annual report notification)	<u>et</u>
For further information concerning this matter, please call:	
Dayana Conde at 305, 965 37	08
() Name of Person Area Code Daytime Telephonic	: Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporation	
P.O. Box 6327 The Centre of Tallahasse Tallahassee, FL 32314 2415 N. Monroe Street, Tallahassee, FL 32303	-

2025 JUL -8 PH 5: 4:5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ana bella Crus comagno LLC
(Name of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company)
e Articles of Organization for this Limited Liability Company were filed on 2/23/2020 and assigned wride document number 1220000 77307
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
ter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
. co
ter new mailing address, if applicable:
Tailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:
Name of New Registered Agent: Dayana Conde - Urban acounting: 1555 SW 8th St 5te 200
New Registered Office Address: 2555 SW 8 th St 51e 207
Mamu Florida 33/35
City Zip Code W Registered Agent's Signature, if changing Registered Agent:
ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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
AMBR	Marcelo Blanque	245 Glenridge RD	MAdd
	·	245 Glenridge RD Key Biseayne FL 3314	19 ORemove
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fan effective da <u>Note:</u> If the d	ate is listed, the dat late inserted in th	te must be speci his block does	fic and canno not meet th	t be prior to da e applicable	te of filing or m	ore than 90 day:	after filing.) Pu	rsuant to 605.0207 I not be listed as
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Filing Fee: \$25.00