Laa000093156

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE JUN 2 0 2022				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)			
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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	PICK-UP WAIT MAIL			
Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	(Business Entity Name)			
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Special Instructions to Filing Officer: J. HORNE	(2000)			
J. HORNE	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			
JUN 2 0 2022	J. HORNE			
	JUN 2 0 2022			

Office Use Only



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HYISIGHE TALLAHACSEE, FLORIDA

SECRETARY OF STATISTICAL CARASSECTION

RECEIVED

FILED

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

1. V8 FACTORY LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK# 9296 FOR: \$30.00

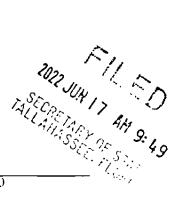
THANK YOU!

COVER LETTER

TO: Registration S Division of Co					
	ORY LLC				
SUBJECT:	SUBJECT:Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CLARA MONTEAGUDO				
		Name of Person			
	CBA MIAMI LLC				
		Firm/Company			
	1600 PONCE D ÉLEON BLVD., ST E901				
		Address			
	CORAL GABLES, FL. 33	1134			
		City/State and Zip Code			
	jaime.reyes@cbamiamius.c				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
CLARA MONTEAGUDO		786 303-1578			
Name	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)		
Mailing Address: Registration Section		Street Address: Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 63:	27	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



V8 FACTORY LLC

(Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>O3/04/2022</u>	and assigned
Florida document number L22000093156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC	0" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addre	
	, FI	orida
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. If Change	performance of my duties, as rovided for in Chapter 605.	nd I am familiar with and E.S. Or, if this document is calthe limited liability

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

Title	<u>Name</u>	Address	Type of Action
MGR	GREGORIO ASTURI	13824 SW 139th COURT	
		CORAL GABLES, FL 33134	≅Remove
			□Change
			□Adđ
			□Remove
			Change
			□Add
			Remove
			©Change
	 -		
			Remove
			☐ Change
			□Add
			□Remove
			DbA 🗋
			□Remove
			ČlChana.

THE	MANAGER TO BE KEPT IS ALENEXI OSNOVIKOFF AND CRISTIAN UNDURRAGA

Faatina (late, if other than the date of filing:
meffectiv ote: If th	late, if other than the date of filing:
ecord spo is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	INE 9, 2027
	Signature of a member or authorized representative of a number

Filing Fee: \$25.00

COVER LETTER

	Registration Se Division of Cor			
CHD IE	V8 FACTO			
SUBJECT:Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CLARA MONTEAGUDO		
			Name of Person	
		CBA MIAMI LLC		
			Firm/Company	.
	1600 PONCE D ELEON BLVD., ST E901			
			Address	
		CORAL GABLES, FL. 33	1134	
			City/State and Zip Code	
		jaime.reyes@cbamiamius.c		
			to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please o	all:	
CLARA MONTEAGUDO		786 303-1578		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303