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COVER LETTER

Registration Section

Division of Corporations

TO:

SIVAR UN	RLIMITED LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAUL HUMBERTO MO	RAN	
		Name of Person	
	SIVAR UNLIMITED LLC		
		Firm/Company	
	582 NW 158 AVE		•
		Address	
	PEMBROKE PINES, FL.	33028	
		City/State and Zip Code	
	RESERVACIONES@SIVA		
	E-mail address: (to be used for future annual report not	tification)
or further information c	oncerning this matter, please c	all:	
RAUL HUMBERTO M	ORAN	954 842-1623 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	Γ L 32314	Z413 IV. MONTO	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIVAR UNLIMITED LLC

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(A Florida Limited I.	iability Company)	<u> </u>
the Articles of Organization for this Limited Liability Company lorida document number L22000224208	were filed on 05/12/2022	•• =
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
the new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addres	
	, Fl	orida Zip Code
	•	-

New Registered Agent's Signature, if changing Registered Agent:

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> l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIA E MELARA	3821 SW 167TH AVE	≣ Add
		MIRAMAR, FL 33027	□Remove
		·	☐ Change
			□Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			□ Change
			Change
		 	
			□Remove

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Tective date, if other than n effective date is listed, the date of the listed in this current's effective date on the	s block does not m	neet the applicab	date of filing or mode statutory filing	ore than 90 days after g requirements, this	mal) filing.) Pursuant to 605.0 date will not be lister	0201 d as
ecord specifies a delayed effe is filed.	ctive date, but not	an effective tim	ie, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after	the
		2023				
OCTOBER 10TH ted			_			
ted OCTOBER 10TH		_				
october 10TH	Signature of a r	nember or authori	zed representative	of a member		