L22 DOO 326537

| (Requ | estor's Name) | |
|------------------------------|-----------------|-----------|
| | | |
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Nam | ne) |
| (Dec.) | mont Niumbas | |
| (0000 | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |



000394363990

09/16/22--01011--030 **25.00

Office Use Only

COVER LETTER

| TO: Registration Se Division of Cor | porations | | | |
|---|---|---|---|-----------|
| SUBJECT: Or | the way 1 | Restonation of test Liability Company | UC. | |
| SOBSECT. | Name of Lim | ited Liability Company | | |
| The analysis Amisles of | Amandayan and Carlo and sulp | mitted for filing | | |
| The enclosed Articles of | Amendment and fee(s) are sub | milled for ming. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Exilo AR | Name of Person |)alencian d | |
| | On the wo | Perforation Pirm/Company | 166 | |
| | 770 115 | off | ; | 22 |
| | 210 100 | Address | <u> </u> | 22 SEP 16 |
| | | (Walkes) | | 5 |
| | Misui FC | 33/38 City/State and Zip Code on @ 9 Wai/.cow. to be used for future annual report noti | | P |
| | | City/State and Zip Code | , <u> </u> | ڣ |
| | OTW restoration | on@quail.com. | | ე |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information c | oncerning this matter, please c | all: | | |
| Exilia AV | ida/ | at (305) 323- | 7.5 25 | |
| | f Person | Area Code Daytim | e 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) | |
| <u>Mailing Addres</u> Registration 5 | | Street Address: Registration Se | ction | |
| Division of C | | Division of Cor | | |
| P.O. Box 632 | | The Centre of T | allahassee | |
| Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| On the way Restonate (Name of the Limited Liability Compar (A Florida Limited). | on LLC iy as it now appears on our records.) iability Company) | |
|---|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 32653</u> 7 | were filed on $\frac{07/25/3022}{}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. 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 abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | —— <i>M/A</i> —— | 2 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | - A/A | SEP 16 AH 9: 53 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of</u> | the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Fysier Florida street address | |
| | , Florida | Lip 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 add or removed from our records:

. MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|--------------------------------|------------------|
| <u>UGR</u> | Eugenio A Vida/ | 270 NE 70 St MIANI FC 33138 | Add |
| | ratorogrio | | □Remove |
| | | · | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | Sage 16 Remove C |
| | | | 9 See |
| | | | □Add |
| | | | □Remove |
| | | <u> </u> | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| CHange Emilio A Vidal to Ma | anager. |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 22 5 |
| | \(\tilde{\text{L}}\) |
| _ | |
| | |
| | 9: 5 |
| | |
| | |
| | |
| | |
| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. | nore than 90 days after filing.) Pursuant to 605 |
| canonic of the control of the population of state of the control o | |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed. | on the earlier of: (b) The 90th day after |
| A / | |
| nted 9/13/2022 Sep 13 2022 | - |
| | |
| Tuylo John | |
| Signature of a member or authorized representative | e of a member |