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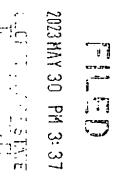
(Requestor's Name)	
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PICK-UP WAIT MA	iL
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Special Instructions to Filing Officer:	
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Y. SCOTT
JUL 2 3 2023

COVER LETTER

TO:

	egistration Se vision of Cor			
CHDIECT		ONES LEGALES LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		HUMBERTO DIAZ		
			Name of Person	·
		TRADUCIONES LEGAL	ES, LLC	~ >
			Firm/Company	
		9600 NW 25TH ST STE 6	oD.	2023 MAY 30 F
			Address	
TRADUCIONES LEGALES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HUMBERTO DIAZ Name of Person		PH 3: 37		
		HUMBERTOIOSEDIA Z	•	
				cation)
For further	information c	oncerning this matter, please ca	all:	
HUMBER	TO DIAZ			
•	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	-	Certified Copy	Sectificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	gistration S	Section orporations 7	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADUCIONES LEGALES LLC	Bio Commission in the Commissi	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	oras.)
The Articles of Organization for this Limited Liability	Company were filed on 03/28/2023	and assigned
Florida document number L23000155550		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TRADUCCIONES LEGALES LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		023
(Principal office address MUST BE A STREET ADD	RESS)	W
		0
		PR
Enter new mailing address, if applicable:		100 0
(Mailing address MAY BE A POST OFFICE BOX)		31
B. If amending the registered agent and/or registere	ed office address on our records, <u>ent</u>	er the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				□Remove
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