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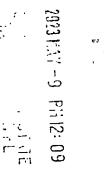
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT:M	RC 1805 Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MOISC	S Mane of Person	
	MRC 18	SOS LLC - Firm/Company	
	800 SE	4th Ave Ste. 615	
	<u>Hallanda</u>	City/State and Zip Code	
	E-mail address: (City/State and Zip Code Compared to be used for followe annual report notification)	:5
For further information of	oncerning this matter, please ca	all:	
Jenniker Name o	Diaz f Person	all: at (305) 924-3594 72 72 72 72 72 72 72 72 72 72 72 72 72	· •
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C P.O. Box 632	Corporations	Division of Corporations The Centre of Tallahassee	
r.O. box 032	, 1	The Centre of Landingsoo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2300170263</u>	ny were filed on <u>O</u>	4/05/20	<u>123</u> an	d assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the des	signation "LLC" or th	ne abbreviatio	on <u></u> L.L.C	
Enter new principal offices address, if applicable:			<u> </u>	23 🚟	r '
(Principal office address MUST BE A STREET ADDRESS)			-	<u> </u>	
Enter your mailing address if applicables			gi te	P11 12:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			T in	09	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our re	cords, <u>enter the r</u>	name of th	e new r	egistered
New Registered Office Address:	Enter Florid	du street address			
- 	City	, Florida	1	Code	
New Registered Agent's Signature, if changing Registered Ager	nt:		•		

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:

MGR = Manager

AMBR = Authorized Member Moises, Mozeno Vanegas Hallandale Beach, FL 33009 DAdd Title Remove Julio Huguja Carcamo DAdd 800 SE 4th Ave #615 Hallandale Beach, FL Ochange 33609 ROCRIGO HUACUIA 800 SE 4th Arc #GIS Hallandale Beach, FL MGR □ Remove 1. 2023 Change 1. . ⊟Âdd ____ Change _____ 🗆 Add □ Change □Add

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in effective date is	f other than the date s listed, the date must be s inserted in this block of	pecific and cannot l	be prior to date of fil applicable statute	ing or more than 90 days	after filing.) F s, this date w	ursuant to 605.0.
	tive date on the Depart			, , ,		
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Filing Fee: \$25.00