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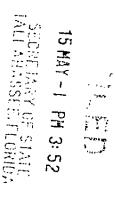
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# COVER LETTER

TO: Registration Sec Division of Corp			t
SUBJECT:	SECCO+LIBERT	ille	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	man of D St	E(())	
	MINUPO	EUO Name of Person	<del></del>
		+LiBERTI LLC Firm/Company	
	1628 SW	18th ST miami, F	CL 3314)
		Address	
	miani,	City/State and Zip Code  29@Gmail. com to be used for future annual report notific	
		City/State and Zip Code	
	E-mail address: (1	12906maile Com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
Claudia	weyne	at (1786) 942 -	2193
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECCI	ON LIBERTI 1	-LC	
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited L. Florida document number <u>£ 1500003</u> <sup>6</sup>		d on 03/04/201	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
D. If amonding the unintend and and			ter the name of the new
B. If amending the registered agent and registered agent and/or the new registered of	0	ress on our records, em	ter memane of me new
Name of New Registered Agent:	MOURD BENT	EDID GUARALI	DO SECCE IN
New Registered Office Address:	1628 SW 18	ST MIAM! Enter Florida street address	ASSIST D
	mismi	. Florida	33/45
	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 Charling 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>Title</u> <u>Name</u> **Type of Action** MAURO BENEDIA GUARALDO SECCO 1628 SW 1854 MIRMI FL &Change 33145 □ Add □ Remove 1628 SW 18 ST. MIRMI, FC Change 33/45 □ Add ☐ Remove ☐ Change □ Add □ Remove Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00