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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

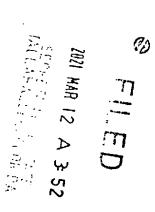
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COVER LETTER

TO: Registration Sect Division of Corpo	orations			
SUBJECT.	/5 # Co /	' LC		
SUBJECT: Y	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Vivian	e D. RODRIGUES Name of Person # CO LLC Firm/Company	<u> </u>	
	<u>V5</u>	₹ Co LLC Firm/Company		
		83 nol Street		
	Aven	FURA A 33/6 City/State and Zip Code 2000 @ Li Ve · Com o be used for future annual report notif	0	
	E-mail address: (t	o be used for future annual report notif	ication)	
For further information con-	cerning this matter, please ca	dl:		
Name of P		at () Area Code Daytime	m ()	
Name of F	erson	Area Code Daytime	retephone Number	
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed	En.
Mailing Address: Registration Sec Division of Cor		Street Address: Registration Sec Division of Corp	orations =	
P.O. Box 6327		The Centre of Ta	allahassee)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/5 d (0)	116			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our re	cords.)		
(A Florida Limited Lia	ability Company)	1 -		
The Articles of Organization for this Limited Liability Company w	ere filed on $9/8$	1 20 20	and ass	signed
Florida document number <u>85-315 9550</u> (IRS)			
Florida document number 85-3/59550 (IRS 2000 27980) This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "	LLC" or the abb	reviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	,			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name	of the nev	v registere
Name of New Registered Agent:	,	والنقي	<u> </u>	<u> 7</u> 9
New Registered Office Address:		- :: >> :		
	Enter Florida street ad	dress	AR P	
		Florida $\frac{2}{2}$	12	<u> </u>
	City		Zip Code	m
New Registered Agent's Signature, if changing Registered Agent:		≘.	بب	0
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties ovided for in Chapter 60	, and I am fai 05, F.S. Or, if	miliar wit Cthis docu	h and ment is

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>		Address			Type of Action
<u>AMBR</u>	SUZANA	DellATorre	2750	DHE 185	BRI St	\ \ Add
		DellATorre ay	ot 302	Aventur	n A 33	/60 □Remove
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effective date is I	other than the date of isted, the date must be specif	ic and cannot be prior to da	te of filing or more than	(optional) 90 days after filing:) Pu	(∳) rs ⊞t at to 605.020
e: it the date if	iserted in this block does we date on the Departmen	not meet the applicable	statutory filing requir	ements, this date will	l not be listed a
					MA TI
cord specifies a	delayed effective date, bu	et not an effective time	ar 17:01 a.m. on the o	action of the The Of	No day attended
filed.			av (2.0) d.m. on the c		D
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ed Ma	ndr 5 MATAR	<u>2021</u> .			თ ₩
	11.11	of a member or authorized	_		
	Signature	of a member or authorized	1 representative of a mer	nber	

Filing Fee: \$25.00