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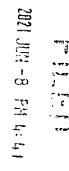
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## **COVER LETTER**

	stration So sion of Cor	porations			
		NTERPRISES LLC			
SUBJECT: _		Name of Lin	nited Liability Company		
The enclosed .	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return :	ill correspo	ondence concerning this matter	to the following:		
		JENNIFER OLIVEIRA			
			Name of Person		
		ADV ACCOUNTING & 1	TAX SERVICES LLC		
		<del></del>	Firm/Company	÷	207
		12701 S JOHN YOUNG I	PKWY SUITE 215		2021 JUN
			Address		00 1
		ORLANDO FL 32837			, ***
		arleendavila@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	Pi usb
		<del></del>	to be used for future annual report noti	fication)	<del></del>
For further inf	ormation c	oncerning this matter, please c	all:		
ARLEEN DA	VILA		407 641-0810		
	Name o	l Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a c	heck for th	ne following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &
	ng Addres stration S	_	Street Address: Registration Sec	ction	
	sion of C Box 632	orporations	Division of Cor	porations	
		L 32314	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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assigned
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## 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.

City

Zip Code

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
MBR	OLIVEIRA, JENNIFER	14340 COLONIAL GRAND BLVD 3307	□Add
		ORLANDO FL 32837	Remove
			<b>■</b> Change
MBR	MAGDI S., GOMEZ SUAREZ	3889 GARDEN PLAZA WAY #6012	
		ORLANDO , FL 32837	□Remove
		. ii .	
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APRIL an effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be poot of the date inserted in this block does not meet the approximent's effective date on the Department of State's recomments.	oplicable statu	iling or more than tory filing requi	(option 90 days after rements, this	onal) filing.) date v	Pursuani vill not	t to 605,02 be listed a
record specifies a delayed effective date, but not an effective lis filed.	ve time, at 12:	01 a.m. on the	earlier of: (b	) The	90th đ:	iy after th
ated APRIL 5TH 2021	<del></del> '					

Filing Fee: \$25.00