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COVER LETTER

TO: Registration Sec Division of Corp		116		
SUBJECT:	A I	LL		
	Name of Lum	ned Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Adoni	S Reyes Name of Person		
		Firm/Company		
	Cele W Flag	er St. Suite	900 Miami, FL	33130
	Miami ado 7 a E-mail address: (FL 33130 City/State and Zip Code Vakov Com To be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c			
Name o	f Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
M 25 (11		Stroot Address		

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AT ILC

2022 JUL 14 PN 3: 26

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

any were filed on <u>()</u> /	1000000000000000000000000000000000000
liability company her	ere:
aability Company," the de	lesignation "LLC" or the abbreviation "L.L.C"
<u> </u>	
ice address on our re	records, <u>enter the name of the new registered</u>
Enter Flor	vidu street address
	, Florida Zip Code
City ent:	Zip Code
dete performance of as provided for in C	capacity. I further agree to comply with the f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is by confirm that the limited liability
	iability company ho iability Company," the c Later Flo Cav ent: agree to act in this as provided for in

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adonis Reyes	lele W Flagler St Suite 900 Miami, FL 3	(Add 33130 DRemove
			Change
			□Remove
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an effectore: 11	e date, if other than the date of filing:
F () (51	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
ated _	7.14.2022 A7
	I
	Signature of a member or authorized representative of a member
	Adonis Reves Typed or printed name of signee

Filing Fee: \$25.00