LIH 000 110864

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: $\frac{1}{E}$	RRA Brosolo Name of Limi	ITIONS LCC	
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:	
	J.M. Fede	nico Fasce/o Name of Person	<u>/</u>
			
	10151	Firm/Company NE 14 TH	fre.
	Muami 3	Shory FL 3.	3/38
	F-mail address: (1	City/State and Zip Code O MIAMICUST to be used for future annual report notifi	TODIANS. COM
For further information co	oncerning this matter, please ca	all;	
Flolerico Name of	Ferson Person	at (305) Zo 5- 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 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 OF

TEDDA Bioso	LUTIONS LLC
(Name of the Limited Liabi	lity Company as it now appears on our records.)
(A Floric	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 07/14/2014 and assigned
Florida document number <u>L 14000 11086</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
FSC FC	ORIDA CITY LLC
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the assignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SS = O
	ed office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
AV B T I I	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	<u>Address</u>	Type of Action
ANBR	CRISTINA GIRAL	10151 NE 14 th five. MiAni Sflores, FL 33/38	[]Add
		MiAni Sffores, FL 33/38	□ Remove
			□Change
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			□Change
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			□Remove
			Change
			□Add
	,		Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ef Note:	ive date, if other than the date of filing:
record is f	
Dated	03/01/2021
	Signature of a member or authorized representative of a member
	JUAN MANUEL FEBERICO 1ASCETTO Typed or printed name of signer

Filing Fee: \$25.00