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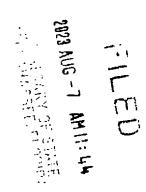
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LLC Amena

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A. RAMSEY AUG 24 2023

COVER LETTER

Registration Section

TO:

Division of Corporati	ons		
SUBJECT: MTM	KIO NO. 4	. 11C	
SUBJECT: MIN	Name of Limi	ted Liability Company	
The enclosed Articles of Amen	lment and fee(s) are subt	nitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
	,		
	LU13 E	Name of Person	Spez
		Name of Person	·
		MANUS	
_		Firm/Company	
ŧ'	325 NW 74t	th uxu	
_	, -	Address	
	Plantation	(Fluri & 33317 City/State and Zip Code	
_			
	luisalop	o be used for future annual report no	
	E-mail address: (to	o be used for future annual report no	titication)
For further information concern	ing this matter, please ca	11:	
Luis Educado	Lopez Lopez	31 954, 336	- 3810
Name of Person	1	at (<u>954</u>) 336 Area Code Dayti	me Telephone Number
Enclosed is a check for the follo	owing amount:		
☐ \$25.00 Filing Fee 🗹 🗹	7 530.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section	n	Registration S	ection
Division of Corpor		Division of Co	
P.O. Box 6327	_	The Centre of	
Tallahassee, FL 32	314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

		2023 AUG -7	AM 11: 44
MIMALU NO 1	., UC		-:F S [M E
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	s on our records:	pjelnami:
The Articles of Organization for this Limited Liability Company v	vere filed on	10/22/2014	and assigned
Florida document number <u>L 14 000 165 151</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			

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	idress on our re	cords, enter the name	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Negatered Office Address.	Enter Flori	da street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of i	ny duties, and I am fo	miliar with and

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	Luis Éducido López	32T NW 74th way	□Add
		Plantation, Florida 33317	□Remove
			t\(\mathcal{L}\)Change
MGR	Georgina Zios de Lópas	327 NW 744h way	□Add
		Plantation, + binda 333 A	□Remove
			[L]Change
MGR	Mañtza Lipez	325 NW 74th way	\ZAdd
		Achterion, Florida 33317	□Remove
			□Change
			□Add
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e e e e e e e e e e e e e e e e e e e	A.A. 16 - AL AL		C*1.				
f an effecti <u>Note:</u> If t	date, if other the date is listed, the date inserted in its effective date of	date must be specifi this block does	ic and cannot be p not meet the ap	plicable statutory			
e record spectral record spectral records.	pecifies a delayed (effective date, bu	t not an effectiv	re time, at 12:01	a.m. on the earlie	er of: (b) The 90t	h day after the
Dated	August	<u>02</u>	<u>707</u>	<u>13</u> .	Chile,	7	
					tative of a member		