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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT: 6d	eo Angus UC		
<del></del>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	<del></del>
	<del>.</del>		
	<del></del>	Address	<del> </del>
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	<u> </u>
Cisai Rava	<del> </del>	at (784) 210450	4. 题 生 四
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Regist Divisio	LING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ì

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modeo Angus Uc		
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>し</u> に2001日9930夕	11.	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	***************************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>ente</u> ddress here:	r the name of the new
Name of New Registered Agent:		過量工
New Registered Office Address:		節
	Enter Florida street address Florida	11.093.4 11.093.4 11.093.4
	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 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	Andres Martiarena	2609 collins Are Miani Bch	
		Fl 33140	Remove
			Change
MGR	Sofia Markarena	2009 collins Are Miani Bul	<u> </u>
		Pl 33140	Remove
		·	☐ Change
76R	Beat the Sunise UC (Beat the Sunise UC)	Ste AC-LAI Miami FI	🗖 Add
	(Beat the Sunnise Uc)	Ste AC-LAI Miami Fl	Remove
		33131	Change
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