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## **COVER LETTER**

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то:	Registration S Division of Co			
SUBJE	CT. II	nversiones HM & S	M C.A. LLC	
SUBJE	C1	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Martha Al		
			Name of Person	
		Ameriplus	Business Services	
			Firm/Company	
		7353 NW 1	74 Terrace, # 100	
			Address	
		Miami. F	lorida 33015	
			City/State and Zip Code	<u> </u>
		MarthaAltam	irano@msn.com	
		E-mail address: (	to be used for future annual report notif	fication)
For furt	her information	concerning this matter, please ca	uil:	
Mar	tha Altar	mirano	at ( <u>305</u> )_725-82	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for (	the following amount:		
<b>X</b> ¥\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O	Section Corporations	Street Address: Registration Sec Division of Cor	porations
	P.O. Box 63: Tallahassee.		The Centre of T	`allahassee e Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inversiones HM	& SM C.A. LL	.C			<u> </u>
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appea mited Liability Company)	ers on our r	<u>ecords.</u> )	•	
The Articles of Organization for this Limited Liability Con	npany were filed on _	June	24,	2020	_ and assigned
Florida document number <u>L16000107997</u>					
A. If amending name, <u>enter the new name of the limite</u>	d liability company h	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation	"LLC" o	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>			<del></del>	<del>o                                    </del>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			·	920
				;	
				7	27
Enter new mailing address, if applicable:				<u>co-</u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>	
		_		1 * 1	
	ffice address on our	records, <u>e</u>	nter th	<u>ie name d</u>	it the new register
Name of New Registered Agent:	<del></del>			<del></del>	
New Registered Office Address:					<u> </u>
	Enter Flo	orida street a	iddress		
			Flor	ida	· · · · · · · · · · · · · · · · · · ·
	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:

4

MGR = Manager. AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record s rd is filed	specifies a delayed eff l.	ective date, bu	t not an effec	tive time, at 12	:01 a.m. on the	earlier of: (b	) The 90t	h đay aft	er the
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Dated			1/\	Lean					

Filing Fee: \$25.00