116000109427

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor		;	
CUBIC	Fisterra LL	.C		
SUBJE	.CI:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Angel Garcia		
			Name of Person	
		Fisterra LLC		
			Firm/Company	
		PO Box 652353		
			Address	
		Miami/FI 33265		
			City/State and Zip Code	
		fisterra@att.net E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please c	·	,
Angel	Garcia		305 7765031	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
≘ \$25	5.00 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

Fisterra LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L 16000109427	ere filed on 06/06/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and contain the words "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 ADDRESS)	20
_	
	# T
Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	
	E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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
AMBR	Angel Garcia	3621 SW 113 PL	■Add
		Miami, Fl 33165	□Remove
			□Change
		····	□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
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			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing: Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:0 d is filed.	
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08/18/2021 7:00 AM	
Pated 08/18/2021 7:00 AM	a.m. on the earlier of: (b) The 90th day after the
Marta Dolla	
	lew
Signature of a member or authorized repress	ntative of a member
Marta R Garcia	

Filing Fee: \$25.00