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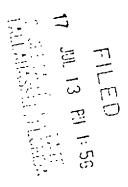
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## **COVER LETTER**

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SÜBJECT:	5.5 001	LLC	
	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:	
	Baface	Gordillo Name of Person	
			···
	Savry	Sc//CVS Firm/Company	
	2 S. Biscayo	nc 131vd # 3200 Address	
		City/State and Zip Coxle  Solvery fl. Com  to be used for future annual report notific	
	ceful a sam	enyistate and zip code	77.
	E-mail address: (	to be used for future annual report notific	ration) I I
For further information c	oncerning this matter, please ca		
Rotal Go	ordille	at ( <u>\$0\$</u> ) <u>\$42</u> -	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5. 5. 001	LLC	
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) iability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company Florida document number 46000000000000000000000000000000000000		
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In each name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable:  In each name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable:  In each name of the new mailing address, if applicable:  alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new distered agent and/or the new registered office address here:		
A. If amending name, enter the new name of the limited liab	nent number	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter now mailing address if applicable		
•		
		<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		iter the name of the new
		gz → <b>1</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Finer Florida street address Florid	2 3
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		3
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	<u>Address</u>	Type of Action		
MGR	Andres Gumo	IR ASTROM			
		<del></del>			
			Change		
AMBR	Rofael Gordilla				
		<del></del>	<b>□</b> Remove		
		<del> </del>	Change		
MGB	Rafael Gordillo	100 S. Biscayn St 300	B Add		
		Miom: FL 33/31	Remove		
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cument's	effective date on t	he Department	of State's re	ecords.	tatutory min	g requireme	ans, ans da	ic will not be no	HCU a
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