Division of Corporations

## Eloridas Department of State 6

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : IZ0130000076 Phone : (305)388-7028 Fax Number : (305)479-2705

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Enail Address: 11150220 Callaletillato FL. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FUTRONO, LLC

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( Brumble)

## ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

Futrono LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000046057</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here;
n/a	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	n/a
(Mailing address MAY RE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: n/a	<u>}                               </u>
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent	Florida For

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 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

YMBK = V	Authorized Wiember		
<u>Title</u>	Name	Address	Type of Action
MGR	TUAN PABLO SILVA	562 S. ESPLANADE	□Add
		ORANGE, CA 82869	₩ Remove
			□ Change
AMBR	SILVA, JUAN PABLO	AN PABLO 562 S. ESPLANADE	■ Add
		ORANGE, CA 82869	ORemove
			□ Change
AMBR	MIR, IUANA !.	562 S. ESPLANADE	\( \frac{1}{2} \) Add
	(LAST NAME : MIR)	ORANGE, CA 82869	□Remove
			D'Change
			DAdd
			□ Remove
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ective date, if other than the	e date of filing:		(optional) han 90 days after filing.) Pursuant t	
effective date is listed, the date muter. If the date inserted in this b	ist be specific and cannot be prior lock does not meet the applic	r to date of filing or more i cable statutory filing re	han 90 days after (ling.) Pursuant ( quitements, this date will not b	o 603.020 c listed a:
ument's effective date on the D	Department of State's records	-		
	ve date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th day	after the
s filed.			-e1 =	
July 20th	2022			
ed		- (1)	6 10	
		CHA!	AAV.	
	Signature of a member or auti	norized representative of	member	<del>-</del>
		~	-	