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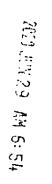


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RECEIVED
JUN 29 2020

AUG 1 2 2020 S. YOUNG



COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Cyba regala, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Santiesteban. Name of Person
Cubaregala Firm/Company
1197 W.49 Street Address
City/State and Zip Code Melissa Cuballama, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (184) 970 - 0617 Area Code Daytime Telephone Number
Enclosed is a check for the 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, 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

Cubar	regala, L	LC.	
(Name of the Limit	ed Liability Compa: (A Florida Limited I	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L		were filed on OS 11	2017 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of ALEGYO Trading. L. The new name must be distinguishable and contain the v	LC.		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Meliaa	Santiestan	
New Registered Office Address:		Enter Florida street addre	2.55
		, F	lorida 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
			□ Add
	•		□Remove
			Change
			
			Remove
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lfan effectiv <u>Note:</u> If t	ve date is listed, the date inserted		cific and cann es not meet t	the applicabl		nore than 90 day		irsuant to 605.0207 Il not be listed as t
		delayed effection the record is		, but not a	n effective	time, at 12	:01 a.m. on	the earlier of
Dated	June	23	Y , J	2090				
		$\sim \nu$ 17	11					
		Signati	ure of a memit	oer or authoriz	ed representativ	e of a member		· · · ·

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