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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: State 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:
Elliot Artur Quintero Maldonado
23240 Harper Ave Unit
Punta Horda Fh 33980 City/State and Zip Code
li-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 10/30/2017 Florida document number <u>L17/10/0223752</u>	7-71111 24 11110:00		
Profita document number 21/11/01/24/2/200			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
))		
Enter new principal offices address, if applicable: (Principal office address AUST RE A STREET ADDRESS)	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable:	= = = = = = = = = = = = = = = = = = = =		
(Mailing address MAY BE A POST OFFICE BOX)	233. 0		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the ragent and/or the new registered office address here</u> :	name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
Florida	Florida		
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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. of being filed to merely reflect a change in the registered office address. I hereby confirm that the company has been notified in writing of this change.	om 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member Address Syllson Dr. Type of Punta Gorda FL 33982 DANGE Title Name Type of Action □ Remove ____ □Change DIR Angel Quintero 22443 Sacramento Ave. and Port Charlotte, FL 33954 Remove _ □Change \square Add Remove... ್ತು □Change □Remove ☐ Change \square Add **□**Remove □Change

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fective date, if other than the d	ate of filing:			(optional)	
on effective date is listed, the date must be terminated in this block. If the date inserted in this block.	e specific and canno	ot be prior to date of fi	ing or more than 90 da	vs after filing.) Pursus	ant to 605,020
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