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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SHRIECT:	IECOCLECU	11 11 C1 LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Josefi	Name of Person	VC
		Firm/Company	
	14333 Eld	Lev berry D2.	
	Morrtu	City/State and Zip Code	154
		ORVAGO IN UR (OV to be used for future annual report noti	
For further information co	oncerning this matter, please ca	all;	
Tose line S	Person	at (757) 549- Area Code Daytim	3576 e Telephone Number
Enclosed is a check for th	e 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)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i>IE(O</i> C	Raning LLC		
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Liab		117/2019	and assigned
This amendment is submitted to amend the follow	ving;		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designat	ion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applical	ole:	 	
(Principal office address MUST BE A STREET	ADDRESS)		<u>-</u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u> o	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		s, <u>enter the name o</u>	the new registered
Name of New Registered Agent:	Joselin Piar	him	
New Registered Office Address:	Enter Florida str	vet address	.
		, Florida	
	Ciţ		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
AMBR	Manuel Benavente	9374 Westmorely St Groveland, FL . 34734	□Add
			Remove
		□ Change	
	<u></u>		
			ПРепюче
		□Add	
			□Remove
			□Change
			□ Add
			□ Rепюче
			□Change
		□Add	
			□Remove
		□Change	
		□ Add	
		□ Rепюче	
			Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	we date, if other than the date of filing: May 1 2022 (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	9.20.2022
	melie Mi A
	Signature of a member or authorized representative of a member Selve Diaz Liveva Typed or printed name of signee
	baseline Diaz Rivera