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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone #)	}
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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2023 JUN 29 PH 1: 2



COVER LETTER

TO: Registration Sect Division of Corp		• •	
SUBJECT: T	M Tract/Expo	sit IIC	
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Julio Avendo	ano	
	MIMON Factor LC Name of Limited Liability Company mendment and fee(s) are submitted for Hiling. Defice concerning this matter to the following: Julio AVendano		
		Firm-Company	
	The Avendano Name of Person Firm-Company 11		
	Delray Brach	FL 33444 City/State and Zip Code 4. h.d. @ 9 Mail. Co	
live further information con		·	ication)
-	teerning this matter, preuse ea		
Ganzalo A Name of F		at (<u>561</u>) <u>856</u> Area Code Daytime	
,	following amount:		
M \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:			
_		_	
P.O. Box 6327		The Centre of T.	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Q M Import/Export LL	C 2023 JUN 29 PM 1:21
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company) (ALL ALA -)
The Articles of Organization for this Limited Liability Company were the Florida document number $\frac{180000764}{}$.	/110 /107
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability or	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	y 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 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	Gonzalo Avendono	140 Jacht Club Way APT	30 NAdd
		140 Yacht Club Way APT Hypoluxo FL 33462	□Remove
			□Change
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f an effective da Note: If the da	e, if other than the date e is listed, the date must be s tte inserted in this block of fective date on the Depart	secific and cam oes not meet	iot be prior to dat the applicable s	e of filing or more th	ın 90 days after fil	ing.) Pursuant to 605	
record specifi d is filed.	es a delayed effective dat					The 90th day after	r the
Dated	June 21		2023 j. Novem	dow A			
	Sign	lure of a mem	ber or authorized	representative of a r	nember		