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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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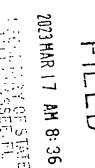
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## **COVER LETTER**

P.O. Box 6327

Tallahassec, FL 32314

TO:	Registration Security						
	VARADER	O TRAVEL LLC					
SUBJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	cturn all correspo	ndence concerning this matter	to the following:				
		MARIO A. HECHAVARE	RIA CAMBAS				
			Marin Charles				
		MCHSOFT LLC					
			гіни/Социяну				
		14195 SW 87TH ST, APT	B207				
		Address					
		MIAMI, FL, 33183					
	City/State and Zip Code						
	MANAGEMENT@MCHSOFT.COM						
		E-mail address: (	to be used for future annual report notification)				
For furt	her information c	oncerning this matter, please o	all:				
MARIC	) A_ HECHAVAI	RRIA CAMBAS	786 7685021 at ( )				
	Name of	f Person	Area Code Daytime Telephor	ne Number			
Enclose	ed is a check for the	ne following amount:					
<b>□ \$2</b> 5	i.00 Filing Fee	를 \$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		Street Address: Registration Section				
	Division of C		Division of Corporation	ns			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARADERO TRAVEL LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L18000109704	iled on 05/01/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
MCHSOFT LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	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)	202
	76. 3 
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	<u> </u>
	FATE
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new registere
File and the new register to serve against the	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

is Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGB = Manager

AMBR = Anthorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Change
		<del></del>	Remove
			DAdd
			□Remove
			[]Change
			□Remove
			[] Change
			[]Add
			□Remove
			[] Change
			∐Add
			□Remove
			Change

Effective date, if other than the date of filing:  (If an effective 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 ( Note: If the date inserted in this black does not must the applicable statutory filing requirements, this date with not be listed as of document's effective date on the Department of State's records.  the record 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 cord is filed.  Dated  D3/01/2023.	). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated 03/01/2023 .		
(141)	Dated	03/01/2023
Signature of a member of authorized representative of a member		Signature of a member of authorized representative of a member
MARIO A. HECHAVARRIA CAMBAS		

Filing Fee: \$25.00

Typed or printed name of signee