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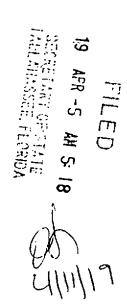
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COVER LETTER

	Registration Se Division of Cor						
21 2 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ULTRALIGHT LLC					
SUBJEC	Т:	Name of Lim	ited Liability Company				
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for tiling.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		Roberto Di Lena					
		Enterprice Resource Plann	Name of Person ing Inc.				
		1000 NW 57 CT Ste. 1040	Firm/Company				
		Miami, Florida 33126	Address				
		gjm@gpsmundo.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report not	tification)			
For furthe	er information c	oncerning this matter, please ea	all:				
Roberto I	Di Lena		305 471-5874				
	Name o	f Person		ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRALIGHT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 01/08/2019	and assigned
lorida document number L19000010158		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liab	bility company here:	7 6
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L. Ca"
Enter new principal offices address, if applicable:		o m
Principal office address MUST BE A STREET ADDRESS)		至
		SE 4.
		9 00
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered e		s, enter the name of the
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	0 51	
	Enter Florida street addres	S
		orida
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cristian Muller	JULIO A ROCA 3538 FLORIDA OESTE, BA 01604 AR	Add
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Note: If the didocument's ef		ective date, bu	ut not an ei	fective time	e, at 12:01 a	.m. on the ea	ndier o
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