L19000050656

(Re	questor's Name)	
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(60	Siliess Endly Nai	nej
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	
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COVER LETTER

TO: Registration Sec Division of Corp			
Modestus Ho	oldings, LLC		
SUBJECT:	None of Lina	ed Liabdity Company	
	amendment and fee(s) are subraidence concerning this matter t		
	Roberto A Lopez		
		Name of Person	***
	Updantos H	() Entable LE	<u></u>
	8830 West Flagler st. #13		
	Miami, FL 33174	Address	
	modestusholdings@gmail.co		
	E-mail address: ()	to be used for future annual report noti	lication)
For further information co	oncerning this matter, please ea	ill:	
Roberto Lopez		305 218-1724	
Name of	Person	Area Code Daytim	ne Telephone Number
finclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (andronal copy) sendences	☐ \$60,00 Filing Fee. Certificate of Status & Certifical Copy (additional copy is enclosed)
		Street Address:	7021
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Registration Se Division of Co The Centre of	retion ## 7 rporations 29 Tallahassee
Tallahassee, l		2415 N. Monro Tallahassee, FI	be Street, Suite $8100 17$ $= 32303 $

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modestus Holdings, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on (Crability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/20/20}{2}$	019	and assigned
Florida document number L19000050656			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi.	lity Company," the designa	ation "LLC" or the abb	reviation "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 agent and/or the new registered office address here:	address on our record	ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	 		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			MAR 2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap.	luties, and Lam fo ter 605, F.S. Or, i	æto comply with th Miliar with and Ghis dheument is

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
AMGR	Yoandra Lopez	8830 West Flagler St #13 Miami, FL 33174	≣Add
			□Remove
			Change
			\Backsquare \
			∐Remove
			Change
			□ Add
		_	LIRemove
			= Change
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			Change Change
			Remove
			Change

D. If amending any other information, enter change(s) here:, (Attach additional sheets, i) necessary.) _(optional) E. Effective date, if other than the date of filing: _ (If an effective date is fisted, 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (3) If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The only day after the record is filed. Dated _ Mach 19 2021 Signature of a member or authorized representative of a member Roberto A. Lopez Eyped or printed name of signer

True Programme Control