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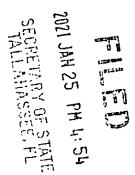
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COVER LETTER

TO:

	Registration Se Division of Cor			
			γ,	•
SUBJEC		LLO LLC -		
	•	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Francisco J Perez		
			Name of Person	
			Firn√Company	
		66 W Flagler Street STE 9	200	
			Address	-
		MIAMI, FL 33130		
			City/State and Zip Code	
		info@perezbellogroup.com		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Francisco J Perez		786 300-7105		
	Name o	f Person	Area Code Daytim	e 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 Addres		Street Address:	
	Registration S Division of C		Registration Section Division of Corporations	
	P.O. Box 632		The Centre of T	-
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PEREZBELLO, LLC

2021 JAN 25 PM 4: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SELRETARY OF STATE TALLAHA SSEEL FL The Articles of Organization for this Limited Liability Company were filed on $\frac{03/08/2019}{...}$ ____ and assigned Florida document number 1.19000066375 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PEREZBELLO CONSULTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 **Title Name** Address Type of Action _____ □ Change □Remove _ □Change _____ 🗀 Add _____□Add ____ □Remove

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i'an effe Note:	ve date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
record Lis file	I 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.
ated_	JANUARY 14 . 2021
	Signature of a member of a member of a member