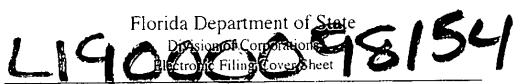
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000226703 3)))



H220002267033ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC

Account Number : I20210000152 Phone : (305)520-9343 Fax Number : (786)705-2040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INSTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

JUL - 5 2022

K Brumbley

COVER LETTER

TO: Registration Sec Division of Corp						
ень телт.	INS	TER LLC				
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspot	idence concerning this matter	to the following:				
	FH	RNANDO VILLARREAL				
		Name of Person				
	Ī	PETER MATHISON LLC				
	Firm/Company					
	800 SE 4TH AVENUE, SUITE 139					
		Address				
	HALL	ANDALE BEACH, FL 33009				
		City/State and Zip Code				
		TUCONTADORENMIAMI.COM				
F 6 A 1 6		to be used for future annual report no	(trication)			
	oncerning this matter, please c		500,0212			
FERNANDO VII		at ()	520-9343			
Name of	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 Registration S	• •	Street Address: Registration S	ection			
Division of C	Corporations	Division of Co The Centre of				
P.O. Box 632 Tallahassee, l			roe Street, Suite 810			

Tallahassee, FL 32303

Jul 01, 2022 14:25 (UTC-03)

From: +17867052040 (TU CONTADOR EN MIAMI)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INSTER LLC	
(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	04/09/2019 and assigned
Florida document number L19000098154	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	22
	一 原義會
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 8
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
Cuy	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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 familier 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	CAPINO, MARIA F	800 SE 4TH AVENUE	■ Add
		SUITE 139	Remove
		HALLANDALE BEACH, FL 33009	Change
			□Add
			□Remove
			Change
			🖸 Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change

Jul 01, 2022 14:25 (UTC-03)

			
			
			
Effective date, if other than the date if an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departs	secific and cannot be prior to date of oes not meet the applicable state	(option filing or more than 90 days after fi atory filing requirements, this c	ling.) Pursuant to 605.0207
e record specifies a delayed effective date rd is filed.	, but not an effective time, at 1:	2:01 a.m. on the earlier of: (b)	The 90th day after the
29th of June Dated	. 2022		
	Oscar E Alva		_
Signa	nure of a member or authorized rep	presentative of a member	

Filing Fee: \$25.00