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TROUBLOSETA

COVER LETTER

то:	Registration Se Division of Cor			
	ED-ONE L			
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Hernando Diaz Candia		
		WDA Consulting	Name of Person	
		848 Brickell Ave. Suite 10	Firm/Company 00	
		Miami, FL 33131	Address	
			City/State and Zip Code	<u></u>
		E-mail address: (to be used for future annual report notif	leation)
For fu	rther information co	oncerning this matter, please ca	nII:	
Herna	ındo Diaz-Candia		305 988-8002 at ()	
	Name of	Person	at () Area Code — Daytimo	r l'elephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$3	25.00 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

(<u>Name of the Limited Liability Compa</u> (A Florada Limited	my as it now appear	rs on our records.)	
The Articles of Organization for this Limited Liability Company		04/15/2019		and assigned
lorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company ho	ere:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC"	or the abbr	eviation "L L.C."
Inter new principal offices address, if applicable:			:3, .	
Principal office address MUST BE A STREET ADDRESS)				9 5
		· <u></u>	31.fr 	F 71
			7.1	27
inter new mailing address, if applicable:			1,	
Mailing address MAY BE A POST OFFICE BOX)			= =	=
			<u> 5</u>	36
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on g:	our records,	enter tl	<u></u>
Name of New Registered Agent:			· .	¥=1.
New Registered Office Address:	2" , , , , , ,			
	Enter Flor	ida street address		
	City	Flor	ida	Zin Coda

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, enter the title, name, and address of each person_being added &r removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> President Tadeusz Dolinsky Lagoda	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
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Filing Fee: \$25.00