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Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
Respira Libr	e TM Holdings, LLC.		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christian Sanchelima, Esq		
		Name of Person	
	Sanchelima & Associates,	P.A.	
		Firm/Company	
	235 SW Le Jeune Road		aytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) as: Section Corporations
		Address	
	Miami, Florida 33134		
	Tm@sanchelima.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual rep	ort notification)
For further information cor	ncerning this matter, please ca	all:	
Christian Sanchelima, Esq	,	305 447-1	617
Name of I	Person	at () Area Code	Darding Tulochers Number
Naik of I	Cison	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status (
Mailing Address:		اللباء وممساء	
Registration Se		<u>Street Addr</u> Registratio	ess: on Section
Division of Co		_	of Corporations
P.O. Box 6327		The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Respira Libre TM Holdings, LLC.

(Name of the Limited Liability Company

(A Florida Limite	d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	Zand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "l	.LC" or the abbreviation "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:	e address on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
	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, 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	Jose Alejandro Yépez Mariño	2516 OSAGE TRAIL CASSELBERRY ORLANDO, FL 32730	"
			\sum Add
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Ms. Sajidxa Mariño would					
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ective date, if other than th	e date of filing:			(optional)	
effective date is listed, the date m te: If the date inserted in this l	ust be specific and cannot block does not meet the	be prior to date of file applicable statute	ing or more than 90 da	ys after filing.) Pursuant to) 605.020 : listed a
ument's effective date on the	Department of State's	records.	.,g.equilenie.	no, mis dute will not be	. noted a
cord specifies a delayed effect	ive date, but not an effe	ective time, at 12:0	1 a.m. on the earlier	of: (b) The 90th day	after the
s filed.					
July 17th	2020	O			
ed	,	<u> </u>			
	" Vindle	16035			
	Signature of a member	or authorized repres	entative of a member		-