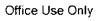
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJ	ECT: Karla J	ulieth Cesin Galindez LL		
		Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Karla Cesin	
			Name of Person	
		KARLA	JULIETH CESIN GALII	NDEZ LLC
			Firm/Company	
		100	85 YELLOW JASMIN	E DR
			Address	
		ORI	LANDO, FLORIDA, 32	832
		ka	City/State and Zip Code	Laam
		E-mail address: (rlacesinrealtor@gmail to be used for future annual re	port notification)
For fui	ther information c	oncerning this matter, please co	all;	
	Karla	Cesin	at (407)	4078027660
	Name o	f Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for t	ne following amount:		
⊠ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	□ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed.
		ING ADDRESS: ration Section	STREET/C Registration	COURIER ADDRESS:
	Divisio	on of Corporations ox 6327		Corporations
		ox 6527 assee, FL 32314		itive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

KARLA JULIETH CESIN GALINDEZ LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	bility Company were filed onAugust 14, 2019	ar
Florida document number <u>L19000207348</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbro	ėviatio 1
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		ि
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>enter th</u> <u>ce address here</u> :	<u>le nan</u>
Name of New Registered Agent:		
New Registered Office Address:		
. — — —	Enter Florida street address	
	Florida	
	City	Zip Cod
New Registered Agent's Signature, if changing Res	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan cred agent as provided for in Chapter 605, F.S. Or, if gistered office address, I hereby confirm that the limit nange.	niliar w This doc
	If Changing Registered Agent, Signature of New Regis	tered Ao

MGR = Man AMBR = Autl	ager iorized Member		
<u>Title</u>	Name	Address	<u>T'</u>
AMBR	MIGUEL GUILARTE		ι
		10085 YELLOW JASMINE DR. ORLANDO FL. 328	32 <u>p</u>
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	ive date, if other than the date of filing: 09/10/2019 (optional)	
ect	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
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Page 3 of 3

Filing Fee: \$25.00