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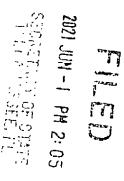
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COVER LETTER

TO: Registration Solution of Col			
	SALAS & VELOSO PLLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LALINE CONCEPCION	VELOSO	
		Name of Person	······································
	VELEGAL PLLC		202
		Firm/Company	
	2525 PONCE DE LEON I	BOULVERAD SUITE 300	2021 JUN -1 PH 2: 05
		Address	10 P
	CORAL GABLES, FL 33	134	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	LVELOSO@EKSVLEGAI	City/State and Zip Code COM	一
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
LALINE CONCEPCIO	N VELOSO	305 818-9993 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, FL 32314		Z413 N. Monfo	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)			
ne Articles of Organization for this Limited Liability Company were filed on $\frac{\mathrm{Oct}}{2}$	ober 2, 2019		and as:	signed
orida document number L19000238665				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability company her	<u>e</u> :			
ELEGAL PLLC				
e new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or t	he abbrevi	ation "L	.L.C."
nter new principal offices address, if applicable:			2	
Principal office address MUST BE A STREET ADDRESS)			121	
			HUL	8 \$
		, <u>i</u> .	1	3
nter new mailing address, if applicable:			20	
Mailing address MAY BE A POST OFFICE BOX)		1167	2	ارجع:
		골골	05	
		• • •		

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.

City

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>	<u>Address</u>	Type of Action
AMBR	AUGUSTO EGOAVIL	2525 PONCE DE LEON BOULEVARD, SUITE 300	_ □Add
		CORAL GABLES. FL 33134	_ ■Remove
			_ □Change
AMBR	EULALIA SALAS	2525 PONCE DE LEON BOULEVARD, SUITE 300	_ □Add
		CORAL GABLES, FL 33134	≣Remove
			2020Change of
		्रिका स्थार स्वाह्य	_ DAdd F
			_ □Add
			_ □Remove
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fective date, if other than the date on effective date is listed, the date must be spected. If the date inserted in this block document's effective date on the Department.	effic and cannot be prior to da es not meet the applicable	ite of filing of more than 90 di	_ (optional) ays after filing.) Pur nts. this date will	suant to 6 not be l	505, 02 07 isted as
record specifies a delayed effective date, l is filed.	but not an effective time.	at 12:01 a.m. on the earlie	er of: (b) The 90	th day ai	fter the
ated May 24	2021				

Filing Fee: \$25.00