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COVER LETTER

Division of Corporations		
SUBJECT: AUTHENTIC BALLE Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
- Oscays	Diaz Cancia Name of Person	
	Firm/Company	
	Address	
 -	City/State and Zip Code	
	·	
	o be used for future annual report notif	ication)
For further information concerning this matter, please ca	ll:	`
DALYS VIAE CONCIN	at (<u>786</u>) <u>339</u> Area Code Daytimo	7500 Telephone Number
, , , , , , , , , , , , , , , , , , ,		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\text{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	STREET/COURI Registration Sectio	
Division of Corporations P.O. Box 6327	Division of Corpor Clifton Building	
Tallahassee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2620 AUR 17 ATTIC: 52 ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 19000 245 607 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Title Type of Action HGR JUNN PABLO AVILLA DIAZ 6828 S WATERWAY DR.
MING. TR 33155 ☐ Remove

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	2620 AUR 17 AM 10: 52	
If an effective dat <u>Note:</u> If the da	e, if other than the date of filing:	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie day after the record is filed.	er of:
Dated		
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Ooley S Dio 2 Gallerio - Typed or printed name of signer.	

Page 3 of 3

Filing Fee: \$25.00