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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	IPIFERRE	= R	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
	ndence concerning this matter	-	
	Nata	Lia Piferrer Name of Person Ferrer LLC Firm/Company	
	ip.	ferrer LLC Firm/Company	
	1105 No	W 3rd Ave Apt	. Lb
	Gainesvil	City/State and Zip Code	
For further information co	E-mail address: (to be used for future annual report not	dication)
Nata Name of	1a Piferrer	at (357) 286 Area Code Daytim	- 4377 the Telephone Number
Enclosed is a check for th	e 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 Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piteyrer (Name of the Limited Liability Compa	iny as it now appears on our records.)				
(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on $12/20/19$	and assigned			
Florida document number <u>L2000001993</u>	•	20			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	SECRETA TALLAR				
_					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L. [w."			
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)					
D. If amonding the project and agent and/or project and office					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter in</u>	e name of the new registered			
Name of New Registered Agent:	*1-14				
New Registered Office Address:					
	Enter Florida street address				
	, Flori	ida			
	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>	Name	Address	Type of Action
MGR	Natalia I. Piterrer	1105 NW 3rd Ave Lb	i🎖/Add
		Gainesville, FL 32601	□Remove
			□Change
Cto	Natalia I. Piferrer	1105 NW 3rd Ave L6	🗀 Add
		Gainesville, FL 32601	iXRemove
			EliChar 20
			Chambre JAM 21
			(A) □Remove
			Chainge (
			□Add
			□Remove
			Change
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Effective date, if other th	an the date of f	filing:	 		(optional)		
If an effective date is listed, the c Note: If the date inserted in	this block does r	ic and cannot be p not meet the app	rior to date of til plicable statute	ing or more than 90	days after filing tents, this dat	g.) Pursuant e will not h	to 605.02 se listed :	07 (3 as th
document's effective date or	1 the Department	of State's reco	rds.					
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T	ماد	a 60 .						
DatedJan17	-	<u>2020</u>	<u>) </u>					
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	Signature	o ra member or a	uthorized repres	entative of a memb	CP			

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Filing Fee: \$25.00