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COVER LETTER

Division of Corp	porations		
SUBJECT:		INVESTMENTS ited Liability Company	LLC
	Traine VI I,IIII	ned Entermity Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Myria	M Edith Lope	7
		n Edith Lope	
	221 W Ha	Illandale Beach	1
		dale Beach FL City/State and Zip Code exus ociety. Con o be used for future annual report notifica	
	E-mail address: (to	o be used for future annual report notifica	ntion)
For further information co	ncerning this matter, please ca	II:	
Lina El	Wba/ Person	at (<u>786)</u> <u>740</u> Area Code Daytime T	2276 elephone Number
Enclosed is a check for the	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 Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ceser - mues	÷ , -
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L 20 000 25 48 2</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N.A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	K.A
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	Idress on our records, enter the name of the new
Name of New Registered Agent:	J. A
New Registered Office Address:	Enter Florida street address NA Florida
Cit	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

Title	Name	Address	Type of Action
AMBR	Julian Andres Lara	221W Hallandale Beach	Add
		Blvd, suite 312, Halland	Remove
		Beach, Fl, 33009	☐ Change
			Remove
			Change
			Remove
			Change
			_□ Add
			_□ Remove
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	Please	add	Julian	Andre	lala
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(If an effective date is Note: If the date		specific and cannot does not meet the	be prior to date of filin applicable statutory	g or more than 90 da	_ (optional) ays after filing.) Pursuant to 605.0207 (3)(nts, this date will not be listed as the
	ifies a delayed ef y after the record		out not an effect	ive time, at 12	2:01 a.m. on the earlier of:
Dated Of	125/20	21	·		
			M EdH or authorized represer	1 Ly207	2
		Mynia	M Edit or printed name of sig	h Lope	e 7 .

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Filing Fee: \$25.00