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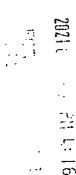
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C							
	ALTY HOLDINGS, LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
	RACHEL ALCARAZ GO	MES					
		Name of Person					
	Firm/Company						
	9350 SW, 136 ST						
	Address						
	MIAMI, FLORIDA, 3317	6					
	rachel.alcaraz.gomes@gma E-mail address: (City/State and Zip Code il.com to be used for future annual report no	tification)				
For further information	n concerning this matter, please c	all:					
RACHEL GOMES		305 744-1323					
Name of Person		at ()	ne Telephone Number				
Enclosed is a check fo	r the 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		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and ass	igned
abbreviation "L.	L.C."
<u> </u>	
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: 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 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>	Address	Type of Action
AMBR	DEMETRIO RICO	9350 SW, 136 ST	≣Add
		MIAMI, FLORIDA, 33176	□Remove
		9350 SW, 136 ST	□Change
AMBR	RACHEL ALCARAZ GOMES	MIAMI, FLORIDA, 33176	=
			□Remove
			□Change
MGR TRD HOLDINGS, LLC	TRD HOLDINGS, LLC	13611 S. DIXIE HWY, SUITE 323	
		MIAMI, FL 33176	
			□Change
MGR DEM	DEMETRIO RICO	9350 SW, 136 ST	■Add
		MIAMI, FLORIDA, 33176	□Remove
			[] Change
MGR	RACHEL ALCARAZ GOMES	9350 SW, 136 ST	\
		MIAMI, FLORIDA, 33176	□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 13 2021 Signature of a member or authorized representative of a member RACHEL ALCARAZ GOMES Typed or printed name of signee

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