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(Re	questor's Name)	-
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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

INVERSIO	NES ENDOVIAS C.A. LLC		
3003ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA VIRGINIA DIAZ		
		Name of Person	
	INVERSIONES ENDOVI	AS C.A. LLC	
		Firm/Company	, .
	2660 W 76TH ST #209		
		Address	
	HIALEAH, FLORIDA 33	016	
		City/State and Zip Code	······································
	notarypublic.anadiaz@gma		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ana virginia diaz		786 273-6832	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES ENDOVIAS C.A. LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed on	n FEBRUARY 10, 2020 and assigned
Florida document number 1.20000046062	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	?; 20
	:
	ro ====
Entennam mailing address (Campliaghle)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	·
New Registered Office Address:	
Enter	r Florida street address
City	Zip Code

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAG	ANA VIRGINIA DIAZ	2660 W 76TH ST APT 209	≣ Add
		HIALEAH, FLORIDA 33016	□ Rеточе
			Change
			□Add
			□Remove
			□Change
			□Add
		-	□ Remove
****			G □ Add
			Remove
			□ Add
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Effective date, if other than the	date of filing:	1/2020		(optio			
f an effective date is listed, the date must Note: If the date inserted in this blo							
document's effective date on the De				•			
	date, but not an effe	ctive time, at	2:01 a.m. on the c	arlier of: (b)	The 90)th day :	after the
e record specifies a delayed effective rd is filed. FEBRAURY 21 Dated	2020	· · ·					
rd is filed.	2020						

Typed or printed name of signee