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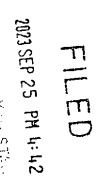
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COVER LETTER

Division of Corporations	
SUBJECT: Alla Cattal EleCtic UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jonathan L. Amaro Nume of Person	
Allala Hab EleCHO, C UC Firm/Company	
2431 NW BH Street	
Miam, 1 FL 33/47	
City/State and Zip Code Au au) Ober Heu (Dho-mai) Cour E-mail address: (to be used for future aunual report notification)	
For further information concerning this matter, please call:	
Sova flow L. Alway at (786) 975-6084 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alla Pattah Electhic (Name of the Limited Liability Compan (A Florida Limited Li	ty as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L. 2000060901</u>	were filed on $\frac{2/26/202}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	
Enter new principal offices address, if applicable:	2731 NW 85th Strept Miant, FL 37197
(Principal office address MUST BE A STREET ADDRESS)	Miam, FL 37147
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2931 NW 85th Steet Miami, EC 37197
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	202
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zin Code Zin Code
New Registered Agent's Signature, if changing Registered Agent:	2 42
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Add
			□Remove
			Change
			DAdd
			Change
			□Add
			□Remove
			Change

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(If an el	ive date, if other than the date of filing:
he reco	rd 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 led.
Dated	August 17th 2023. Such h
	17.4v(A) V. V.
	Signature of a member or authorized representative of a member John Hour C. Auman Typed or printed name of signee

Filing Fee: \$25.00