## L200000 91815

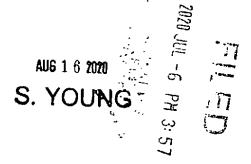
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## **COVER LETTER**

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TO: Registration Se Division of Cor			
Climbereso	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victoria Penalver		
		Name of Person	
	Climberesq, LLC		
	17072 SW 213 Lane	Firm/Company	
			<u> </u>
	Miami, F1. 33187	Address	
	climberesq1@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Victoria Penalver		305 3894301	
		at ()	70 L 1 X2 L
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\simeq$ 

Climberesq, LLC		
(Name of the Limited L (A l	iability Company as it now appears on our rec forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil L20000091815  Florida document number		and assigned
This amendment is submitted to amend the following	ng:	, , 21
A. If amending name, enter the new name of the Climberesq, PLLC	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
<u>-</u>		Florida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effective date, if other than the	lock does not meet the	e applicable statutory	or more than 90 days after the filing requirements. the	t <b>ional)</b> er filing.) Pursuant to 605.020 iis date will not be listed a
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<b>Note:</b> If the date inserted in this b		ective time, at 12:01 a	i.m. on the earlier of: (	b) The 90th day after the
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Note: If the date inserted in this bildocument's effective date on the Dine record specifies a delayed effective dis filed.  June 30.	ve date, but not an effe	ective time, at 12:01 a	i.m. on the earlier of: (	