Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	will generate another cover sheet.	2021 OCT 2
To:		CI
	Division of Corporations	21
	Fax Number : (850)617-6383	
From:		AM 10:
	Account Name : PETER MATHISON LLC	5
	Account Number : I20210000152	•
	Phone : (305)520-9343	
	Fax Number : (786)705-2040	
••Er	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	
	Email Address:	

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO:	Registration Se Division of Cor			
CUDA	DAYE	BIZA	LIA CASH LLC	
SUBJ	EUI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		FI	ERNANDO VILLARREAL	
			Name of Person	
			PETER MATHISON LLC	
			Firm/Company	
		800 SE 4TH AVENUE, SUITE 139		
			Address	
		i	HALLANDALE, FL 33009	
			City/State and Zip Code	
			PTUCONTADORENMIAMI	
For fu	rther information c	h-mail address: (oncerning this matter, please c	to be used for future annual repor	n notification)
TOF TO				52 0-9343
	FERNANDO V		at (aytime Telephone Number
	Name o	f Person	Area Code D	ayılme reiepnone Number
Enclos	sed is a check for th	ne following amount:		
≡ \$2	25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Addre Registratio	
	Division of C		Division of	Corporations
	P.O. Box 632	7		of Tallahassee
	Tallahassee, l	FL 32314	2415 N. M	onroe Street, Suite 810

Tallahassee, FL 32303

Gct 21, 2021 12:36 (UTC-03)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BIZALIA CASH LLC		75. Tag
(Name of the Limited Linb (A Flori	ility Company as it now appears da Limited Liability Company)	s on our records.)	00 00
The Articles of Organization for this Limited Liability	, , ,	05/11/2020	and assigned
lorida document numberL20000126434	. ,		睪
This amendment is submitted to amend the following:			and assigned
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	ORESS)	- <u> </u>	<u> </u>
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
3. If amending the registered agent and/or register		ecords, <u>enter the nam</u>	e of the new regist
gent and/or the new registered office address here	•		
Name of New Registered Agent:	PETER M	IATHISON LLC	
New Registered Office Address:	800 SE 4TH AV	ENUE, SUITE 139	
	Enter Flor	ida street address	
	HALLANDALE	, Florida	33009

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

Oct 21, 2021 12:36 (UTC-03)

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALARCON DIAZ SEBASTIAN A	1946 TYLER ST	= Add
		HOLLYWOOD, FL 33020	□Remove
			□Change
			□Add
			□Remove
			Change
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	OCT 21
	AH ID:
ffective date, if other than the date of filing:	(optional)
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 605.02
ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	ming requirements, this date will not be tisted a
record specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after th
is filed.	
atedOCTOBER 20TH 2021	
RIVAS PABL	.0
Signature of a member or authorized represent	ative of a member

Filing Fee: \$25.00