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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ala curvy 1	LC		
30300CT.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Arlen	e B. Saicedo		
		Name of Person		
		Firm/Company		
	3102	NW 22 Cit		
		NW 22 CT Address		
	Miami	FL 33142 City/State and Zip Code		
	Femail address:	DIGIO CULVY CO	O (Continue)	
For further information of	oncerning this matter, please c			
		_		
Arlene B.	SOICEOLO	at (780) 700 Area Code Daytin	0307 ne Telephone Number	
THIN C		71104 (2000)	Telephone Pulline	
Enclosed is a check for th	ne following amount:			
	☐ \$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 S		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananasse, r		= 712 17, 1710000	re university of the OTO	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JT 22 Ft 8: 08 ability Company as it now appears on our records.)
orda Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _05\15\2000 Florida document number <u>U 2 0000</u>131975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Arlene B. Sakedo	3102 NW 22 CT	LiAdd
		Miami FL 33142	□Remove
			Change
			□Add
			□Remove
			L ¹ Change
			🗀 Add
			□Remove
			[Change
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			□Remove
			UChange
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			□ Change
			
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am only changing the authorized
person little From MGR to AMBR
PUSOIT THE TOTT MEIR TO FITTURE
E. Effective date, if other than the date of filing:
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
Signature of a member or authorized representative of a member
Arlene B. Salcedo Typed or printed name of signee

Filing Fee: \$25.00