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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sect Division of Corpo			•	•			
SUBJECT: Y	DAUL Expor	ited Liability Con	THORKS	ilc.			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing					
Please return all correspond	dence concerning this matter	to the following	:				
	Ernosto!	Name of P	Tr ·				
		I					
	7300 54	Firm/Com		-			
		Addres	is				
	Miam	EC	33/93				
		City/State and	· · · · · · · · · · · · · · · · · · ·				
	E-mail address: (I	to be used for futi	ire annual report notific	cation)	₹ 338	202(
For further information con	ncerning this matter, please ca	all:				<u></u>	***
Ernest 1	l'enel J. Tr.	1 an 70	553-	3147.	AHA?	5	:-
Name of	Person	Area (Code Daytime	Telephone Number	2338 24.033 24.033	2020 JUL 15 PM 7:2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enclosed is a check for the	following amount:				ויז – ז	22	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		S60.00 Filis Certificate Certified C	of Status a Jopy		
Mailler Add		:	Canada Addan				
<u>Mailing Address:</u> Registration Se	ection	1	Street Address: Registration Sect	ion			
Division of Co	morations		Division of Corn				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee. FL 32314

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited	Cypy T Liability Compa- Florida Limited I.	ay as it now appearation of	ur records.)	<u> </u>	
The Articles of Organization for this Limited Liab		were filed on(o1	20.	and assigne	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ole:	tty Company," the designat	ion "LLC" or the ab	breviation "L.L.C.	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			2020 JUL SECRETI	
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our record	s, <u>enter the nam</u>	e of the new re	gistered
Name of New Registered Agent:	Erv	reto Vanto	51.	7: 22 STATE E. FI	ာ —
New Registered Office Address:		Enter Florida str	eet address		
	-	City	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
· Hlok	Cernesto Vivals	7300 Sw 148 Ct	□Add
		Plani, El 33193	\ TiRemove
lle	Ernesto Vinals Ir	7300 su 148 c.t.	□Change
-		Miani, FC 33193	□Remove
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amending any other information, er	ner change(s) here: (zuiden de	шиними ѕпесья, у неселяну.)	
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ective date, if other than the date o	f filing:	(optional)	>
te: If the date is listed, the date must be specter: If the date inserted in this block does cument's effective date on the Departme	es not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis	15.020 as
ecord specifies a delayed effective date, l is filed.	but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day aft	er the
ted 7/7/202	Ù .		
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Filing Fee: \$25.00