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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	edanos Name of Lim	Services I	LLC
		······································	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspon	ndence concerning this matter	to the following:	
	Viviana	Cadono Name of Person	
	<u>Cedanos</u>	Servicos Firm/Company	LLC
	1747 Capit	al Cir NZ.	# 1323
	Tallahass.	LL F1 323 C	X5
	_cedonos ervi	COSLLC Darmil Co to be used for future annual report no	
For further information ed	oncerning this matter, please ca	all:	
Vivion Name of	Cedano	at ( <u>\$50</u> ) <u>254</u> . Area Code Daytii	5016 = 1
Enclosed is a check for th	e following amount:		≥ 5
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\cancel{L20000100018}$ .	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	oddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	120 HAY
New Registered Office Address:	2
	Emer Florida street address Florida  Florida  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<b>2</b> μ
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>		Type of Action
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fective date, if other than the date of filing: 10/6/2000 n effective date is listed, the date must be specific and cannot be prior to date of filing or more the late inserted in this block does not meet the applicable statutory filing.	(option te than 90 days after fi requirements, this o	ling.) Pursua	mt to 605.020 of be listed as
cument's effective date on the Department of State's records.			
ecord 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
is filed.			
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Visions Comme			
Signature of a member or authorized representative of	f a member		

Filing Fee: \$25.00