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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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# COVER LETTER

TO: Registration Sc Division of Cor					
CONTRACTOR AND	ENTERPRISES LLC	•			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALVARO ORTEGA ALE	uos			
		Name of Person			
	ASFIN LLC				
		Firm/Company		A ≪	20
	1983 S. MILITARY TRA	IL		E.Z.	2023 JAN -4
		Address		E	
	WEST PALM BEACH, F	I. 33415		LAHAUSELFLooda	
		City/State and Zip Code		<u> </u>	R
	CLIENTS@10XMULTISC			ia.	25
	E-mail address: (	to be used for future annual report notif	fication)	>	NO
For further information e	oncerning this matter, please c	all:			
ALVARO ORTEGA ALEJOS		561 720-4923			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres		Street Address:	Nion		
Registration : Division of C		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 8	10	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUDABA ENTERPRISES LLC		
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{120000168746}{1}$ .	n <u>06/17/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	023
	<u>}</u>	Jál
Enter new mailing address, if applicable:	3	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
<del></del>	<del>-</del>	
B. If amending the registered agent and/or registered office address on o	ur records, enter the name of	্ৰ the frew registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	r Florida street address	
	, Florida	
City	<u> </u>	Sip 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature	e of New Registe	ered 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>	Address	Type of Action
MGR	MATEO FRANCISCO, TOMAS	1600 SEMBOLE PRATT WHITNEY RD	□Add
		LOXAHATCHEE, FL 33470	■Remove
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an effective date lote: If the da	e is listed, the date to inserted in the ective date on t	te must be speci his block does	itic and cannot s not meet the	be prior to date e applicable s	of liling or mo	w than 90 days		
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