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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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041 Phone : (305)887-8730 Fax Number : (305)887-8744

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONLARA LLC

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TO: Registration: Division of C			
CONLAI SUBJECT:	RA LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
	,		•
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	MARCELO D MARTINE	EZ	
		Name of Person	
	CONLARA LLC		•
		Firm/Company	
•	1031 E 8TH AVE, STE 20	07	
		Address	
	HIALEAH, FL 33010		•
	<u> </u>	City/State and Zip Code	
	info@arstaxes.com		
	E-mail address: (	to be used for future annual report no	titication)
For further information	concerning this matter, please of	ali:	
MARCELO D MARTINEZ		305 887-8730	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:	•	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Régistration Se Division of Co The Centre of	rporations
t analiassee,	1 P J2J (4	Tallahassee, F	•

# (((H20000216962 3))) ARTICLES OF AMENDMENT

#### ARTICLES OF ORGANIZATION

2020 JUL -9 PH 1:27

CONLARA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/25/2020 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 "L.L.C." 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: CONSTANZA MARTINEZ BELLO Name of New Registered Agent: 1031 E 8TH AVE, STE 207 New Registered Office Address: Enter Florida street address HIALEAH Florida 33010

#### 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

(((H20000216962 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MBR = A	<u>Name</u>	2020 JUL -9 PK 1:27	Type of Ac
IGRM	Marcelo D Martinez	1031 E 8TH AVE, STE 207	□Add
		HIALEAH, FL 33010	■Remov
IGRM	Constanza Martinez Bello	1031 E 8TH AVE, STE 207	<b>=</b> Add
		HIALEAH, FL 33010	□Remov
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ted		Signature of a member or au	athorized representative of a mem	ber

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