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DATE: 11/17/2021

NAME: NEUTRAL WAYS LLC

TYPE OF FILING: AMENDMENT

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

	egistration Se ivision of Cor			
0110 ID 67	Neutral Wa	sys LLC		
SUBJECT	•	Name of Lim	ited Liability Company	<u> </u>
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Juan Ignacio Rebollo		
		·	Name of Person	 -
		Neutral Ways LLC		
			Firm/Company	
		3470 E. Coast Ave., Apt. 2	2105	
			Address	.
		Miami, Fl. 33137		
			City/State and Zip Code	
		jrebollo@sugo.com		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report	notification)
	non Urrunaga	· ·	561 328-5803	!
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$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)
	Tailing Addres		Street Address	
	egistration S ivision of C	Section forporations	Registration Division of C	
	O. Box 632			f Tallahassee
T	allahassee, I	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEUTRAL WAYS LLC				
(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 <u>L20000186142</u>	were filed on July 10, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation J.L.C."		
Enter new principal offices address, if applicable:		2		
(Principal office address MUST BE A STREET ADDRESS)				
	·	11.0 mg 11.1		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the</u>	name of the new registere		
New Registered Office Address.	Enter Florida street address			
	City , Florid	da		
New Registered Agent's Signature, if changing Registered Agent:	*	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and a	I am familiar with and		

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>	<u>Name</u>	Address	Type of Action
Executive Director	Nicolas Dobler	3350 Virginia Street 2nd Floor, Office 222 Coconut Grove, Fl 33133	= Add
			□Remove
			□Change
			□Add
			□Remove
			© Change
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Tective date, if other than the can effective date is listed, the date must	late of filing:			(o _l	ptional)		(05.03
ote: If the date inserted in this blo	ck does not meet the	he applicable	statutory filing	g requirements,	this date wi	II not be	listed
ocument's effective date on the Dep	partment of State's	records.					
record specifies a delayed effective	date, but not an ef	fective time,	at 12:01 a.m. o	on the earlier of	(b) The 9	0th day a	after th
is filed.							
November 16	20	21					
ated							
	(
	ignature of a member	er or authorized	representative	of a member			-

Filing Fee: \$25.00