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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Cristina Del Cite LLC
	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Cristina Del Orbe Hutchek Name of Person
	Cristina Del Orbe LLC Firm/Company
	9161 Narcoossee Rd. #107
	City/State and Zip Code Cristina. del orbe e gnail. com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
_Cr	isting Delotse Hutcheld at (32) 276 - 6703 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
□ \$25	.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$60.00 Filing Fee}\$. 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

<u>Cristina</u> Del	Orbe LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number \(\begin{align*} \frac{120000}{2000} \frac{208}{200} \end{align*} \] This amondment is submitted to amond the following:	ny were filed on 07/17/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
Cristina Del Orbe Hut	thek LLC
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	T
New Registered Office Address:	Enter Florida street address
	City Florida Dicip 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 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		<u>Addr</u>				Type of Action
MGR	Cristina	a Del Orbe Hutch	<u> واد</u>	guel Nar	coosse	e Rd #10	□Add
			(nan	Mand ne change	thrain	gh y	Change
							□Add
							□Remove
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							□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
Only amending name of entity	
and MER rahu - due to now	ne
change through marriage.	_
	
	
	···
	<u> </u>
Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ord is filed.	90th day after the
Dated November 30, 2021.	
Citation Del Oue Hutchele Signature of a member or authorized representative of a member	
Cristina Del Orbe Hutchok	