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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Torres & Torres Financial Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jameist Luengas Name of Person Torres & Torres Financial Services, LLC Firm/Company 2871 Buckskin RD Address Orlando Fl 32822 City/State and Zip Code luengasjamie@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jameist Luengas Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION IN EDITION

2021 MAR 18 AM 11:49

Torres & Torres Financial Services, LLC

(Name of the Limited Liability Company as it now appears of our records) OF STATE

(A Florida Limited Liability Company) TALLAHASSER, SI

The Articles of Organization for this Limited Liability Company	were filed on 07/22/2020	and assigned
Florida document number L20000215102		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "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)		
		<u>.</u>
B. If amending the registered agent and/or registered office a	ddress on our records	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida Zip Code
-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

New Registered Agent's Signature, it 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>	<u>Name</u>	Address	Type of Action
AP Bracero, Carmen A	Bracero, Carmen A	2871 Buckskin Rd	
		Orlando, Fl 32822	≣Remove
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Effective date, if other than the date of filing: (aptional) (aptional) (aptional) (aptional) (aptional) (aptional) (aptional) (b) (aptional) (aptional) (b) (aptional) (b) (aptional) (c) (aptional) (b) (b) (c) (b) (c) (d) (d) (d) (d) (d) (d) (d		
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