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COVER LETTER

TO:	Registration Se Division of Cor					
		RRERA LLC				
SUBJ			. *			
		Name of Lin	nited Liability Company			
The er	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Jorge J. Barrera				
			Name of Person			
		8534 Banyan Bay Blvd.	Firm/Company			
		· · · · · · · · · · · · · · · · · · ·	Address			
		Fort Myers, FL, 33908	AMILESS			
		City/State and Zip Code jorgeswffrealtor@gmail.com				
			to be used for future annual report no	tification)		
For fu	rther information c	oncerning this matter, please c	all:			
Jorge I	Barrera		239 791-9893			
	Name o	of Person	at () Area Code Daytii	me Telephone Number		
Enclos	ed is a check for the	he following amount:				
■ \$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	is:	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

JOSE J BARRERA, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records. ability Company))
he Articles of Organization for this Limited Liability Company w lorida document number	vere filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ity company here:	
DRGE J. BARRERA, LLC		
ne new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		207
		2 2
nter new mailing address, if applicable:		30
		.//c P
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		PH D
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	idress on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floo	rida Zin Code
	( //L'	ZHOA OGC

## 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

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
<u>.</u>		<del></del>	
			□ Пстюче
			☐ Change
			□Add
			□ Renюve
			☐ Change
			□ Add
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			□Add
			Remove
			☐ Change
			□Remove
			[]Change
			□Add
			Петюve
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	05,0207 (3)(b) sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af record is filed.	er the
Dated 65-77 . 2074.  Signature of a member or authorized representative of a member	
Jorge J. Dan	
JOFGE Jose Barrero  Typed or printed name of signee	