120000 230 249

(Re	questor's Name)	•
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	ALIZADORA A&A GROUP	LLC	<u> </u>
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stamly A Acosta Chirinos		
		Name of Person	
		Firm/Company	
	3254 RONDAL PARK BI	LVD APT 14122	
		Address	
	ORLANDO, FL 32832		
	Strandard 70 mar.	City/State and Zip Code	
	Stamlyel7@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	·	,
Stamly A Acosta Chiring	os	786 6223874	
Name o	f Person		ne Telephone Number
Enclosed is 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMERCIALIZADORA A&A GROUP LLC

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(<u>Name of the Limited Liab</u> (A Flori	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L20000230249	Company were filed on $\frac{08/03/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THE HOLY TOUR WITTEL BOXY	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u>
agent analysis the new registered office address here	,• -
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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

$\mathbf{AMBK} = \mathbf{A}$	Authorized Member	47 C 65	
<u>Title</u>	<u>Name</u>	Address Address	Type of Action
MGR	Stamly A Acosta Chirinos	3254 RONDAL PARK BLVD APT 14122	= Add
		ORLANDO. FL 32832	□R¢move
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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If an effective Note: If the	late, if other than the date of filing:
e record spe-	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	1 1 / / Y 1 1
rd is filed. Sente	ember 1 . 202 / /
rd is filed.	Signature of a member of a member of a member.