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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Se Division of Cor			,	*	
PÜBLIELE	E, LLC		e		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Eleazer Becerra				
		Name of Person		•	
	PUBLIELE, LLC				
	-	Firm/Company		•	
	2225 N. Commerce Pkwy	Suite 8			
		Address		2073 SE	
	Weston, FL 33326			SEP ORET	ر جني د ساس
		City/State and Zip Code		1	: -•
	elebrander@gmail.com E-mail address: (to be used for future annual report notified	ation)	(SSE) 至	
For further information of	concerning this matter, please co	-	ŕ	2023 SEP -7 MM 8: 21 SECRETARY OF STATE TALL AHVE SEE, FL	
Eleazer Becerra		954 3060570 at ()		rii —	
Name o	f Person		Celephone Number		
Enclosed is a check for the	he following amount:				
≅ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration	Section	<u>Street Address:</u> Registration Secti			
Division of C	Comporations	Division of Corpe	orations		

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUBLIELE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/11/2020}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of 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) B. If amending the registered agent and/or registered office address 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 street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	Clizailet Becerra	2225 N. Commerce Pkwy Suite 8	□Add
		Weston FL 33326	■Remove
			□Change
P	Eleazer Becerra	2225 N. Commerce Pkwy Suite 8	= Add
		Weston FL 33326	□Remove
			□Change
			SECNETARY OF STALL AHASSIES
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			□Remove
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(If an effective date Note: If the da	, if other than the control is listed, the date must to inserted in this blo ective date on the De	be specific and cannot ck does not meet the	e applicable statutor	ng or more than 90 days.	optional) after filing.) Pursuant to 605 , this date will not be list	5,0207 (3)(b ed as the
ecord is filed.	1	date, but not an effe	ective time, at 12:01	a.m. on the earlier o	f: (b) The 90th day afte	r the
Dated 00	29/2023					
	k k å de i led til 14 1 1 1	Signature of a member	or authorized represe	ntative of a member		
Cliz	ailet Becerra		•			

Filing Fee: \$25.00

Typed or printed name of signee