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PICK-UP WAIT	MAIL.
(Business Entity Name	<u>.)</u>
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Certified Copies Certificates of	of Status
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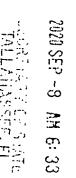
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA Mariposa, LLC. Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maritza S. Fonseca Name of Person La Mariposa, LLC Hirm/Company 3955 almeida C+ AP+105 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maritza D. Fonseca at 321 872-5961 Program of Person Area Code Daytime Telephone Number 1990 1
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

In Union 110.

Lu Maripoxa	,	
(Name of the Limited Wability Compa (A Florida Limited)	hy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 12000044495	<u>~</u> .	<u>20 </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he 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, antar tha	202 13.
agent and/or the new registered office address here:	dates on our records, enter the	Tante of the new registered
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and La Povided for in Chapter 605, F.S. (m familiar with and

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
MGR	Haritza 8. Fonseca	3955 almeida C+#100	<u>5</u> □ _{Add}
		melbourne FL 3290	Remove
			□Change
AMBR	Maritza B. Fonseca	3955 Celmeida ct. #/C. melbourne FZ 3290	25) Add
		melbourne FC 3290	<u> </u>
			□Change
			□Add
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ocument's effective date on	the Department of Sta	te's records.				
record specifies a delayed ef	Factive date but not a	s affactive time at	[2:0] a.m. on the ex	elion at the The	Ofth day at	ìor tho
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oated <u>08/04/2021</u>	Signature of a me		presentative of a men			