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(Re	equestor's Name)	
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(AC	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor		,		<i>.</i>	,
CHDU	MAPA 202	0 LLC			•	
SUBJ	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		Tiffany Gonzalez				
			Name of Person		· -	
		Accounting To Scale				
		<u> </u>	Firm/Company	_		
		8055 Corat Way				
			Address		 ,	
		Miami, FL 33155				
			City/State and Zip Code		-	
		tiffany@accountingtoscale.				
For fu	ther information c	e-mail address: (oncerning this matter, please of	to be used for future annual report n	otification)	
		oncerning this matter, please co				
liffan	y Gonzalez		305 503-2814 at ()			
	Name o	f Person	Area Code Dayt	ime Telepl	hone Number	
Enclos	ed is a check for th	ne following amount:				
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ב	Certified C	of Status &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section Corporati f Tallaha roe Stre	assee et, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAPA 2020 LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L20000268677	·	
his amendment is submitted to amend the follow	ing:	
a. If amending name, <u>enter the new name of th</u>		2021: C
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abb	reviation"L.L.C."
Enter new principal offices address, if applicab	le:	72
Principal office address MUST BE A STREET		
They are office maness story to A GIRELIA		ن
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address b	istered office address on our records, <u>enter the name</u> here:	of the new regist
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 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
MGR	KERWIN MANUEL PEREIRA BERROTERAN	8570 NW 61ST ST	□ Add
		DORAL, FL 33166	■Remove
			□ Change
			□Add
			□ Remove
			□Change
		□Add	
		□Remove	
			Change
		□Add	
			□Change
			🗖 Add
		□Remove	
			□ Change
			□Add
			□Remove
			Change

Note:	tive date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	12/5/2024
	Efiva Podri sult Signature of a member or authorized representative of a member
	Signature of a momber or authorized concentrative of a momber

Typed or printed name of signee