L20 000279519

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Amenda	21.4
SUBJECT: THE VICE TO	Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	Berlin L'Lite Name of Person
	lagdalena Financial Settites LLC Firm/Company
<u> 1503</u>	2 SW 302 Torra Ce Address
	Homestead Fl 33033 City/State and Zip Code 5 1' 1' 201
	E-mail address: (to be used for future annual report notification)
For further information concerning thi	
Barlin Li Lit	
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following a	amount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

Mag dalena Finan Gal Settings UC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on September 8, 7020 and a

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LWWOD279519</u> .	were filed on $\frac{\int \varrho}{\int}$	plember 8, 7020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	;
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, enter the name of the new registered
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 Jan 19 - Address Jan 19: 17	Type of Action
MGRM	Berlin Lite	200 SW 4 St Homeskad FL 33	030 DAdd
			□Remove
			□Change
MGRM	David Marte	2005W 4st Homestead Fl33	3030 Exdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Note:	we date, if other than ective date is listed, the dat if the date inserted in the ent's effective date on the	his block does not n	neet the applicable	nte of filing or more statutory filing r	(optional) than 90 days after filing.) Pursuant to 60: requirements, this date will not be list	5.0207 (3)(I led as the
e record ord is file		fective date, but not	an effective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day after	er the
Dated _	OCtober a	26	. <u>2020</u> .			
		A	5			
		Signature of a	nember or authorize	d representative of	`a member	

Filing Fee: \$25.00