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A. BUT --SEP 14 2022

COVER LETTER

~	s de Comunicación LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Juan E. Schreiber				
Name of Person					
	Juan E. Schreiber - Arge	entina Attorney at Law			
	Firm/Company				
	18117 Biscayne Blvd.				
	Address				
	Miami, Florida, 33160				
	City/State and Zip Code juanschreiber@protonmail.com				
	E-mail address: (to be used for future annual report notific	cation)		
For further information e	oncerning this matter, please ca	all:			
Juan E. Schreiber		305 600-2300			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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 Address:

TO:

Registration Section Division of Corporations

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 FIED

Estrategias de Comunicación LLC

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(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L20000280085 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 "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 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 _, Florida __ City 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

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>	<u>Address</u>	Type of Action
PRES	Steffano D Cozza Di Carlo	15051 Royal Oaks LN # 1103, North Miami, F	
			■ Remove
			□Change
MGR	Maria Victoria Alvarez	15051 Royal Oaks LN # 31103, North Miami,	FL 3: □Add
			Remove
			□Change
			□Add
		W-70-0000	□Remove
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f an effi Note:	we date, if other than the date of filing:
d is fil	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 ed.
Dated _.	06/21/2022
	Signature of a member or authorized representative of a member GOOLIA DUCAR Typed or printed name of signee