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Office Use Only



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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

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SUBJE	<u></u>	Ch C	<u> </u>	Name of Lin	nited Liability Con	npany				
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Please re	eturn all corre	sponden	ce concerni	ing this matter	to the following	<u>;</u> :				
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Division of Corporations					Division	of Corpora	tions			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Druca Geal LC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. .iability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 3 2 5 2 8 8</u>	were filed on10 14 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or 😅
Enter new principal offices address, if applicable:		76 B
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM OF STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	
	Ciņ	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	Eduardo Perez-Orive		□Add :
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(If an effective Note: If the	date, if other than e date is listed, the date the date inserted in thi s effective date on th	must be specific an s block does not	nd cannot be prior meet the applic	able statutory i	or more than 90 day	(optional) ys after filing.) l ts, this date w	Pursuant to 605. vill not be liste	0207 (ed as t
he record spe ord is filed.	ecifies a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a	m. on the earlier	of: (b) The	90th day after	the
Dated	SEPTEM BER	21	2023	 				
_				\				
		Signature o∦a	i member or auth	drized represent	tive of a member			

Filing Fee: \$25.00