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COVER LETTER

то:	Registration Sec Division of Corp					
SUBJEC	FUNDACIO	ON LIC MILAYA XXIII LLC		, 1.1		
		Name of Lin	ited Liability C	ompany	·	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for fili	ng.		
Please re	eturn all correspoi	ndence concerning this matter	to the followi	ng:		
		NAYARIT BRICENO				
			Name o	f Person		
		BW&T BUSINESS ADV	ISERS INC			
			Firm/Ce	ompany		
		2750 SW 145th AVE SUI	TE 307			
			Add	ress		
		MIRAMAR, FL. 33027				
			City/State ar	ıd Zip Code	;	
		admin@accountingbwtba.c				
		E-mail address: (to be used for f	uture annua	l report notifi	cation)
For furth	ner information co	oncerning this matter, please c	all:			
NAYAI	RIT BRICENO		95 at (43-1594	
	Name of	Person		a Code	Daytime	Telephone Number
Enclosed	d is a check for the	e following amount:				
□ \$ 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status		Filing Fee ed Copy nal copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	<u>s</u>		Street A	ddress:	

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

7:00

FUNDACION LIC MILAYA XXIII LLC

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

The Articles of Organization for this Limited Liability Company	/ were filed on 10/19/2020	and assigned
Florida document number 1.20000330867		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FUNDACION LICMILAYA XXIII LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	I'm 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 addre:	NS
		orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	$\langle \rangle N \leftrightarrow \rangle$		
		Signature of a member or authorized re-	resentative of a member	_

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Filing Fee: \$25.00