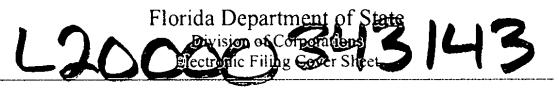
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Division of Corporations



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Account Number : I20190000058 Phone : (407)574-5009 Fax Number : (407)574-5953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	adesanjoses@gmail.com	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADELITAS MEXICAN LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADELITAS MEXICAN LLC			
(Name of the Limited Liability Compa (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 1.20000343143	were filed on 10/28/2020	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)			
			<del></del>
Enter new mailing address, if applicable:			<del>.</del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address.  Florida	me of the net 2022 APR 19 PH 2:	w registered APPRUYED
	City:	Žip 🙀 e	
New Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar wi: r, if this doci	th and iment is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Salgado-Escamilla, Armando	845 GRAND REGENCY PT, UNIT 203	□Add
		ALTAMONTE SPRINGS, FL 32714	■Remove
			Change
MGR	OWENS, ALICIA	4280 CALLE REAL SPC 4	□Add
		SANTA BARBARA, CA 93110	≣Remove
			□Change
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Iffective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	ust be specific and block does not r	d cannot be prior meet the applic	to date of filing of able statutory f	r more than 90 da	(optional) sys after filing.) Ponts, this date wi	ursuant to 605.0207 ( Il not be listed as t
record specifies a delayed effect d is filed.	ive date, but not	t an effective ti	me, at 12:01 a.	m. on the earlie	т of: (b) The 9	0th day after the
Pated April 19		, 2022	·			
	€	idace de	riviandez	And the second		
	Signature of a	dace di	orized representa	live of a member		