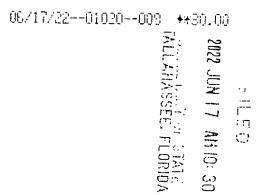
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| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| SPANISH | ACKERS LLC | | |
|-----------------------------|--|---|---|
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filmg. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LUIS A BENALCAZAR | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 4525 NE 21ST AVE. UNI | T 5 | |
| | | Address | |
| | FORT LAUDERDALE, F | L 33308 | |
| | | City/State and Zip Code | |
| | TOPREALESTATEFL@G | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please or | alt: | |
| LUIS A BENALCAZAF | | at () 305-4457 Area Code Dayton | |
| Name o | f Person | Area Code — Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SPANISHACKERS LLC | | 202 FÀLL |
|--|---|---|
| (Name of the Lim | nited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) JUN |
| The Articles of Organization for this Limited I Florida document number L20000348590 This amendment is submitted to amend the fol | | ※5- |
| A. If amending name, enter the new name | - | 30 |
| · · · · · · · · · · · · · · · · · · · | · · | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | |
| (Principal office address MUST BE A STRE. | ET ADDRESS) | |
| Enter new mailing address if and limble | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | |
| B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new registered office addressed agent and/or the new registered agent and/or agent agent and/or agent agent and/or agent | registered office address on our recoress here: | ds, enter the name of the new registered |
| Name of New Registered Agent: | DIEGO CASTELLANOS | |
| New Registered Office Address: | 4525 NE 21ST AVE. UNIT 5 | |
| - | Enter Florida s | treet address |
| | FORT LAUDERDALE | Florida 33308 |
| | 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.

Diesa Cartellane

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> | Name | Address | Type of Action |
|--------------|-------------------|---------------------------|----------------|
| AMBR | LUIS A BENALCAZAR | 4525 NE 21ST AVE. UNIT 5 | □ Add |
| | | FORT LAUDERDALE, FL 33308 | |
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| E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document is offective date on the | the date of filing: must be specific and cannot be prior is block does not meet the applic ne Department of State's records | cable statutory filing requireme | _ (optional) ays after filing.) Pursuant to 60: ents, this date will not be list | 5.0207 (3)(ted as the |
| document's effective date on the | | | | |
| If the record specifies a delayed efference is filed. | ective date, but not an effective ti | ime, at 12.01 a.m. on the earlie | er of: (b) The 90th day afte | or the |
| If the record specifies a delayed efferecord is filed. MAN 26 | ective date, but not an effective ti 2022 | ime, at 12.01 a.m. on the earlie | er of: (b) The 90th day afte | |
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| If the record specifies a delayed efferecord is filed. | . 2022 | | TALLAHAS | |
| If the record specifies a delayed efferecord is filed. MAN 26 | . 2022 | ce no orized representative of a member | FALLAHASSEE, | |
| If the record specifies a delayed efferecord is filed. MAN 26 | 2022 Signature of a member or author | | TALL A.H. | E 2022 JUN 17 AM 10: 30 |