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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	ORIDA BY LINA MERCEDE	S LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Beverley Perez Marrero		
		Name of Person	
	Ezrayo Corp		
		Firm/Company	
	1000 Scotia Dr #101		
		Address	
	Hypoluxo, Florida 33462		
		City/State and Zip Code	
	accounting@ezrayo.com E-mail address: (Flimited Liability Company e submitted for filing. atter to the following: ro Name of Person Firm/Company Address 462 City/State and Zip Code mress: (to be used for future annual report notification) ase call: at (305	
For further information c	oncerning this matter, please c		
Beverley Perez Marrero			72 JI
	£ D	at ()	Talankana Mumbari T
Name o	f Person	Area Code Dayumo	receptione Number
Enclosed is a check for the	he following amount:		\
€ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Registration Sec Division of Cor	porations
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA FLORIDA BY LINA MERCEDES 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 Compa	any were filed on 11/03/2020	and assigned
Florida document number 86-1644624		, ,,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
MARIA FLORIDA LLC	,	
The new name must be distinguishable and contain the words "Limited Li	iability 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	ce address on our records, <u>enter</u>	the name of the new registe
agent and/or the new registered office address here:		
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□ Change
			🗀 Add
			□Remove
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			□Change
			□ Add
			□Remove
			□Change

). If amending any other inform		·	· · · · · · · · · · · · · · · · · · ·	
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applic	able statutory filing requi	(optional) 190 days after filing.) Pursuant to 605. rements, this date will not be liste	.0207 (3)(led as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day after	· the
Dated January 19	2022			
	, ,	<u> </u>	_	
	Signature of a member or auth	orized representative of a me	ember	
Beverley Perez Marre	ro			

Typed or printed name of signce