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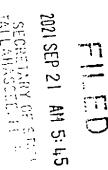
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MA	Jelin Torrs (Name of Lim	Guerdo LLC nited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mayelin	V TOMB aguer.	do
	l	Name of Person /	
		Firm/Company	
	20411	Suc 125 th ct	
		Address	
	plianti,	FG 33177 City/State and Zip Code	
	E-mail address: (TG @ Mahou. Cord	ation)
For further information co	oncerning this matter, please c	,	,
	7,		
N		at (<u>786)</u> 328 7 Area Code Daytime T	346
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	e following amount:		
ゴ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional 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

Tallahassee, FL 32314

Street Address: 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

FILED

Hanelon Torres Ugundo LC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) HASWALL Florida document number <u>4210000 43 212</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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 address Cin

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR	Hayelin Torres	Quendo 20411Se 125th et	
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record spec is filed.	ifies a delayed effective date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
ited <u>0</u>	1/16/2021 . Hell	To whole		
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_	Signature of a member or	authorized representa	ntive of a member	 _