K21000050767

| (Re | equestor's Name) | | | |
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| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nan | ne) | | |
| (Document Number) | | | | |
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| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only

A. RIVERS JAN - 9 2023



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SECTION ACCUSED TO A COMPANY A

COVER LETTER

TO:

Tallahassee, FL 32314

| | istration Sec ision of Corp | | | | |
|---|--------------------------------|--|---|--|--|
| | 5LMNT LL | C | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are subt | nitted for filing. | | |
| | | ndence concerning this matter t | | | |
| | | Johan R. Flecha Fuentes | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 1001 NW 7th St | | | |
| | | | Address | | |
| | | Miami / Florida 33136 | | | |
| | | johan.flecha@icloud.com | City/State and Zip Code | | |
| | | E-mail address: () | to be used for future annual report i | notification) | |
| For further in | nformation co | oncerning this matter, please ca | all: | | |
| Johan R. Flecha Fuentes | | 305 310-0553 | | | |
| | Name o | f Person | Area Code Day | time Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | | |
| ≡ \$25.00 F | 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) | |
| | iling Addres | | Street Address Registration | | |
| Division of Corporations | | | Division of Corporations The Centre of Tallahassee | | |
| P.O. Box 6327 | | THE Centre C |) i i dildildibee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 5LMNT LLC | |
|--|---|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on our records.) bility Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000050767</u> . | vere filed on 01/26/2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabilit | ty company here: |
| The new name must be distinguishable and contain the words "Limited Liability | 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 adagent and/or the new registered office address here: | dress on our records, enter the name of the new registe |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address PG 28 |
| | , Florida Zip Colle |
| New Registered Agent's Signature, if changing Registered Agent: | SSE SSE |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe | to act in this capacity. I further agree to comply with erformance 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 fifthis agrument 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------------------|-------------------------|------------------------|----------------|
| MGR | Johan R. Flecha Fuentes | 1001 NW 7th ST APT 805 | ≣ Add |
| | | MIAMI FL 33136 | □Remove |
| | | | □Change |
| AMBR John A. Calzada Rivera | | 1001 NW 7th ST APT 805 | ≣ Add |
| | | MIAMI FL 33136 | □Remove |
| | | | □ Change |
| | | | □Add |
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| | | □Remove | |
| | | | ☐ Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 11 2022 Signature of a member or authorized representative of a member

Typed or printed name of signee