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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Lourdes V. Name of Lim	nas LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Lour	des Vinas Name of Person	
		des Vinas	LLC
	4630	west 8th A	venue
	Lourdes	City/State and Zip Code Vinas LLL @ 9 m to be used for future annual report potifi	ail. com
For further informatio	E-mail address: (on concerning this matter, please ca		cation)
	es Vinas ne of Person	at (<u>305)</u> 308 Area Code Daytime	- 332 & Telephone Number
Enclosed is a check fo	or the following amount:		
	□ \$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 Add		Street Address:	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Lourdes Vinas	LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed onand assigned
Florida document number L 21000052 4	1 70
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)
	3. 02 Oliver
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

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
AMBR	Louides Vinas		□Add
			□Remove
			Change
MBR	Cristina Rodriguez	4630 West 8th Avenue	oe Kadd
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is filed.	•	d effective date.				m. on the e	arlier of: (b) The 90	Oth day aft	er the
ated	June	14,	<u></u> · _	2021	A	ii				
_		Signat	ure of a mem	ber or authoriz	ed representa	tive of a mer	nber			
				oed or printed i						

Filing Fee: \$25.00