## L21000052637

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(Cit	y/State/Zip/Phone #	;)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del></del>
(88	Sinces Emily Marine	,
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C		
	Abiertos LLC	•
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Cesar Giangiobbe	
	<del></del>	Name of Person
	Investment Solutions Grou	up Inc
	<del></del>	Firm/Company
	4957 SW 158th Way	
		Address
	Miramar FL 33027	
		City/State and Zip Code
	ar@investsolutionsgroup.co	om to be used for future annual report notification)
For further information	concerning this matter, please c	·
Cesar Giangiobbe		305 986-1280
Name	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	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

Cielos Abiertos 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 Company were filed on 01/29/2021 and assigned Florida document number L21000052637 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 "LLC" or the abbreviation "LL.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 Zip Code City 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
MGR	Providence USA LLC	2300 W 84th Street, Ste 312, Hialeah FL 33016	<b>=</b> Add
			□Remove
			□Change
MGR	Residencias MGT LLC		🗆 Add
		4957 SW 158th Way, Miramar FL 33027	Remove
			□Change
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Signature of a member or authorized representative of a member					<del></del>	