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COVER LETTER

Registration Section Division of Corporations

TO:

DO & VEN	IDITORS LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Noralys Olivero Batista		
		Name of Person DO & VENDITO	RS LLC
	The state of the s	Firm/Company	
	12602 Double Bridle CT.	Apto 201. Address	
	Tampa, Florida, US, 3362		
	alejandrorama33@gmail.co	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytime	c Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Florida document number 121000063407	Liability Company were filed on _	February 05, 2021 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	 _	292
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new registe
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	Javier A Delgado	
New Registered Office Address:	12602 Double Bridle CT. Apto	201
	Enter F	loridu street address
	Tampa	, Florida 33625
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DO & VENDITORS LLC

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	Javier A Delgado	12602 Double Bridle CT. Apt 201, Tampa, Fl.33625	= Add
			□Remove
			□Change
AMBR	Noralys Olivero Batista	12602 Double Bridle CT. Apt 201.Tampa.Fl.33625	□Add
			□Remove
			Change :
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ective date, if other than the	ne date of filing: ust be specific and cannot be prior to da	(0 te of filing or more than 90 days	optional) after filing.) Pursuant to 605.
e: If the date inserted in this	block does not meet the applicable Department of State's records.		
ament's effective date on the	Department of State 3 records.		
cord specifies a delayed effect	tive date, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90th day after
filed.			
June 07	2021		
ed			
		/	

Typed or printed name of signee