121000078946

	']
(Re	equestor's Name)
(Ad	ldress)
(Ad	idress)
	1
(Cit	ty/State/Zip/Phone #)
	<u></u>
PICK-UP	
——————————————————————————————————————	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
	50.00
Special Instructions to	Hilling Officer:

Office Use Only



700371494847

SECRETARY OF STATE

2021 AUG TO AM 9: 28

RECEIVED

2021 AUG 1 O PM 1: 04

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/10/2021	↔W A	LK IN*
ENTITY NAME Amisa E		
ENTITY NAME	Aport 220	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
***************************************	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
no on To	e above number for any issues or concerns. Thank you so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amisa Export LLC				
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our records.</mark>) Liability Company)	 -		
The Articles of Organization for this Limited Liability Company Florida document number L21000078946	were filed on 2/16/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	274 Springs Colony Cir			
(Principal office address MUST BE A STREET ADDRESS)	Apt 115			
	Altamonte Springs, FL 32714			
Enter new mailing address, if applicable:	274 Springs Colony Cir	I AUG CRETA		
(Mailing address MAY BE A POST OFFICE BOX)	Apt 115	- 1° − 1° − 1° − 1° − 1° − 1° − 1° − 1°		
	Altamonte Springs, FL 32714	999 3 III		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		enter the seme of the new		
New Registered Office Address:	Enter Florida street address			
	, Florida			
No. 11 alexand America Clause, if the plan Decision of America	City	Zıp Code		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is		

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>	<u>Address</u>	Type of Action
AMBR	Cesar Bernardino		
			☐ Remove
		274 Springs Colony Cir, Apt 115 Altamonte Springs, FL 32714	☐ Change
		_	
			SECRETORY O
			D Add T
			Add
			Remove
			Change
		·	□ Remove
			Change
			Add
			□ Remove
			Change

					
		.			
		···-	<u>.</u>		
					
		****		<u> </u>	
				4,73	201
				CRE	
			····	123	
					→ [7]
					رو ب
				ri gi	28
			<u></u>	-	
Effective data if other than	the date of filings		(optic	nal)	
Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the control of the con	is block does not meet the a	pplicable statutory f	or more than 90 days after	filing.) Purs	suant to 605.0207 not be listed as
the record specifies a dela) The 90th day after the	ayed effective date, bu record is filed.	it not an effectiv	e time, at 12:01 a	.m. on t	he earlier of
Dated	2021				
15/00	ar Bernardino Signature of a member o				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00