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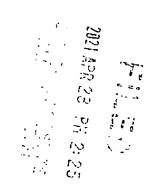
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
SUBJECT:	GARRÍO PARTY Name of Lin	HENTAL'S LL(	2
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Paneto Garda  Name of Person  OHU Rootal'S U	<u> </u>
	6211	Firm/Company  Address	2821 APR 28
	Tampo tam E-mail address:	City/State and Zip Code  Code Code Code Code Code Code Code Code	fication)
For further informatio	n concerning this matter, please c	eall:	
Dayana	Baroch Carcha	at ( <u>813</u> ) <u>687</u> Area Code Daytim	e Telephone Number
Enclosed is a check fo	or the following amount:		
S≥5.00 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 Add Registratio Division of P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garcia Kaltu Kon	tal's LC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 21000, 83, 913</u> .	were filed on $02/19/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil to the limited liabil to the new name must be distinguishable and contain the words "Limited Liabil"	7d UC
Enter new principal offices address, if applicable:	8404 Wilshy GWD
(Principal office address MUST BE A STREET ADDRESS)	Soite 106
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9404 Wilship BUD Sorte 106 Tampa FL, 33615
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
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 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
	<del>_</del>		□Add
			□Remove
			Change
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			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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.