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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: | | & Company, LLC | | |
|---|--|---|--|--|
| SUBJECT: | | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Processing Department | | | |
| | | Name of Person | | |
| | MyCorporation Business S | Services, Inc. | | |
| | Firm/Company | | | |
| | 26025 Mureau Road Suite120 Address Calabasas, CA 91302 | | | |
| | | | | |
| | | | | |
| | | City/State and Zip Code | | |
| | | | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further information c | oncerning this matter, please c | all: | | |
| Processing Department | | 877 692-6772 | | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for th | ne following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$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 Address | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Se Division of Co | | |
| P.O. Box 632 | | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ulloa & | & Company, LLC | | |
|---|--|--|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lit | Company as it now appears on our records.) mited Liability Company) | | |
| The Articles of Organization for this Limited Liability Com | npany were filed on and assigned | | |
| Florida document number L21000084305 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 8961 SW 8th St. | | |
| (Principal office address MUST BE A STREET ADDRES | PLANTATION, FL 33324 | | |
| | | | |
| Enter new mailing address, if applicable: | 8961 SW 8th St. | | |
| (Mailing address MAY BE A POST OFFICE BOX) | PLANTATION, FL 33324 | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, enter the name of the new registe | | |
| Name of New Registered Agent: Grace A L | HERE TEVEZ | | |
| New Registered Office Address: 8961 SW | | | |
| | Enter Florida street address | | |
| PLANTA' | . Florida | | |
| | • * | | |
| New Registered Agent's Signature, if changing Registered As | gent: | | |

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.

f 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 Norv | Norvin J. Ulloa | 8961 SW 8th St. | |
| | | PLANTATION, FL 33324 | □Remove |
| | | | □ Change |
| AMBR | Grace A. Ulloa | 8961 SW 8th St. | □Add |
| | | FT LAUDERDALE, FL 33324 | ≅Remove |
| | | | □ Change |
| AMBR | Grace A. Peréz | 8961 SW 8th St. | Add |
| | | PLANTATION, FL 33324 | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
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| | | | |
| | | | □Remove |
| | | | □(Change |

| (If an e <u>Note</u> | tive date, if other than the date of filing: |
|-------------------------|---|
| the reco | ord 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 filed. |
| Dates | March o'l Port |
| | Signature of a member or authorized representative of a member |
| | Grace A. Peréz, Member |

Filing Fee: \$25.00