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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: F	SA INTERN Name of Limite	ATTONAL, UC	·
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Alberto I	Frenmayor	
	FISA 1	Frenmayo L Name of Person 1Tel Neutronal	llc
	214 Bisa	Syve Blod 7	# 1086
	Mismi, Fl	- 35137	
		City/State and Zip Code (Action C) be used for future annual report points	
For further information co	FULL MULTIPET	l:	11209
Name of	Rerson	Afea Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ability Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 2/000 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 "LLC." 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:

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 = R $AMBR = R$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>462</u>	Fuermayor Alberto J.	2121 Biscorne Blud	□Add
	Alberto J.	#1086. MIGMI FL 35137	M.Remove
			□Change
MAN	Thomas Alberto	2121 Miscayne Blud	\Q\Add
	Thomas Alberto	41086 Miami, FL 33137	Remove
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ctive date, if other effective date is listed If the date inse	rted in this blo	ock does not r	neet the applic	cable statutory	or more than 90 filing requires	(optional days after filin tents, this dat	l) g.) Pursuant to 605.0 g will not be listed
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Filing Fee: \$25.00