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(Requestor's Name)
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Special Instructions to Filing Officer;
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T. MATTHEWS

JAN 1 3 2022

COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: EN	LA JUGADA	570RTS LIC	•
3000001	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
riease return air correspo	ndence concerning this matter	to the following.	
	MAZI	Name of Person	
		Name of Person	
	1088 8 101	Eirn/Company	1nc
	204 N	ELM AV, STE	103
		Address	
	SANFORD	FL 3277L.	_ _
	E-mail address: (@ lordandlord to be used for future annual report no	· CO M
For further information c	oncerning this matter, please c	all:	
		201	- 13.10
Name o	L CUB	at (386) 320 Area Code Dayti	me Telephone Number
		·	
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee, l	した つていてみ	ZHIJ IN, MIGH	Ge Street, Built 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 / 11 - 2 - 11: 3: 5k

王,			570275		
	(Name of t	the <u>Limited Liabilit</u> (A Florida	y Company as it now Limited Liability Con	appears on our reco npany)	<u>rdş.</u>)
The Articles of Organizati	on for this Li	mited Liability Co	ompany were filed	on 03/12	2021 and assigned
Florida document number	L2100	0125237			
This amendment is submit	ted to amend	the following:			
A. If amending name, er	nter the new	name of the limi	ted liability comp	any here:	
The new name must be distingu	ishable and con	tain the words "Limi	ted Liability Company	v," the designation "Ll	C" or the abbreviation "L.L.C."
Enter new principal offic	es address, i	f applicable:			
(Principal office address :	MUST BE A	STREET ADDR	<u>ESS)</u>		
Enter new mailing addre					
B. If amending the regis agent and/or the new reg		£.,	office address on	our records, <u>ente</u>	r the name of the new registere
Name of New Re	gistered Age	<u>nt</u> :	. <u>-</u>		
New Registered	Office Addres	<u></u> _	Er	ster Florida street addr	ess
				, F	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
AMBR	CARIOS ALBERTO GALEANO RUA	204 N ELM AV, 5TE JOA	X Add
	PHICHIO HON	SANFORD, FL, 32771	□Remove
			□Change
<u>ambr</u>	JAVIER GOTIERREZ.	753 SW 9TH ST APT 1	X Add
		MIAMI, FL, 33130	□Remove
			□Change
<u>AMBQ</u>	JAVIER FERNANDEZ FRANCO	204 N ELM AV, STE 104	% Add
	,	SANFORD, FL 32771	□Remove
			□ Change
Anbe	WALTER FABRICIO MEDINA	5743 NW 114747ATH	X Add
		APT 105 DORAL FL 331	38 □Remove
			□Change
AMBR	FRANCISCO CARDONA	ZOA N EIN AV, STE JOA	X Add
		SANTORD FL 32771.	□Remove
			□Change
			□Add
			□Remove
			Change

rective date, if other than the date of filing:	_	
Sective date, if other than the date of filing: (optional) reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (optional)		
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Signature of a member or authorized representative of a member	ted	<u>5-1-2021</u>
Signature of a member or authorized representative of a member		
h 1,		Signature of a member or authorized representative of a member

Filing Fee: \$25.00