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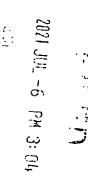
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: SU	ubete Ami	moto LLC		
	Name of Limited	d Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Kristine s	S. Quintanal Name of Person		
	Clout Hol	. aings worpor	ation	
	4040 NE :	2nd Ave , Su	ite 401	
	Miami FC	- 33137 City/State and Zip Code		
		ne @ Cloutco be used for future annual report notifie	ip com	<u> </u>
For further information c	oncerning this matter, please call:		TALL/	<u>-</u>
Kristine	S. Quintanal	at (<u>780)</u> <u>218-3</u> Area Code Daytime	•	`
Name 0	f Person	Area Code Daytime	Telephone Number	; }
Enclosed is a check for th	ne following amount:		i F	í
\$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)	ı
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Sect Division of Corp	orations	
P.O. Box 632	. /	The Centre of Ta	Hanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Subete A Mi Mo (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on of Unitability Company)	our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000133884</u> .	ny were filed on <u>3</u> [2	12/2021	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ttion "LLC" or the al	obreviation "	11,.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			. 6	
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BOX)		-	<u>ب</u> ب	أرس
			· <u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	ls, <u>enter the nan</u>	ie of the no	ew registered
Name of New Registered Agent:		_		
New Registered Office Address:				
	Enter Florida sti	rect address		
	City	Florida	Zip Code	
	c nỳ.		zip coae	

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mbr	Dimitris Mitropoulos	4040 HF 2nd Ave Suite 40	<u>l</u> ≵∕∧dd
		Miami, FL 33137	□Remove
			□Change
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Sective date, if other than the date of filing the flective date is listed, the date must be specific attempt the date inserted in this block does not turnent's effective date on the Department of	nd cannot be prior to date of meet the applicable state	tiling or more than 90 days a	ptional) after filing.) Pursu this date will n	ant to 605.0201 ot be listed as
ecord specifies a delayed effective date, but no is filed.	ot an effective time, at 12	2:01 a.m. on the earlier of	: (b) The 90th	day after the
1cd JUI4 1	. 3021			
	a member or authorized rep			

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