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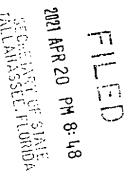
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COVER LETTER

Registration Section Division of Corporations

TO:

ESMERA SUBJECT:	LD GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AGUSTIN J AGUERA BO)GA	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	ESMERALD GROUP LL	C	
		Firm/Company	
	6500 NW 72 AVE		
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	admi.boga@gmail.com		
	E-mail address: (to be used for future annual report not	ilication)
For further information	concerning this matter, please ca	all;	
AGUSTIN J AGUERA	BOGA	305 593-6501	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie (A Fi	ability Company as it now appears on our orda Limited Liability Company)	records.)
the Articles of Organization for this Limited Liabili Iorida document number <u>L21000142826</u>	ty Company were filed on <u>03/26/2021</u>	and assigned
his amendment is submitted to amend the following	ñ:	
. If amending name, enter the new name of the	limited liability company here:	
I/A		
e new name must be distinguishable and contain the words.	'Limited Liability Company," the designation	
nter new principal offices address, if applicable	N/A	7.52
Principal office address MUST BE A STREET AI		7
-		20
nter new mailing address, if applicable:	N/A	PH 8
(Mailing address MAY BE A POST OFFICE BOX))	7.7.5 7.5
		P
. If amending the registered agent and/or regist gent and/or the new registered office address he		enter the name of the new regist
Name of New Registered Agent:	 .	
New Registered Office Address:	/A Enter Florida street	
	Enter Florida street	HARFESS
-	City	, Florida Zip Code
	Cur	ry cour

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
MGR	AGUSTIN J AGUERA BOGA	6500 NW 72 AVE	■Add
		MIAMI, FL. 33166	□Remove
			□Change
			□Change
			□Add
			Remove 20 Remove Change- SSEE 0
			PAdd TI
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change

			
			
			
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2021			
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	ate of filing:	ate of filing:	ate of filing:

Typed or printed name of signee