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COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJ	ест: <u>6Р</u> 6	DRYWAU MF Name of Lim	HINTENATUCT ited Liability Company	E SERVI	CES_UC
The er	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Geran	do Padi Name of Person	lla	
			Firm/Company		
		-6619 Win	Geld Bluck	Ap+#	<u>- 4</u>
		Margate	FC 3306 City/State and Zip Code	3	
		9 025 177 E-mail address: (i	1460 gmay/ to be used for future annual re	· COM eport notification)	
For fur	ther information cond	cerning this matter, please ca	all:		
Ge	rardo Po Name of Po	cidilly	at (<u>954</u>) Area Code	Daytime Telepho	112 one Number
Enclos	ed is a check for the f	ollowing amount:			
₩ \$ 2	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability C. Florida document number <u>L210001904</u>	ompany were filed on $04 23 2021$ and assigned 20			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	6619 WINFIELD BLVD APT #4 MARGATE FL 33063			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6619 WINFIELD BLVD APT #4 MARGATE FL 33003			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	19 WINFIELD BLVD APT #4			
<u>M</u>	Florida 33063 City Sip Code Co			
Now Ponictored Agent's Signature if changing Degisterer	1 Agent.			

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
MGR	Gerardo Padilla	6619 WINFIELD BIVD	🗆 Add
		APT #4	_ Remove
		NARGATE FL 33063	□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□ Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE REMOVE ONE OF THE DUPLICATE
MGR NAME,
10101
MGR WAS ENTERED TWICE
PLEASE ONLY LEAVE ONE ENTRY.
Effective date, if other than the date of filing:
he record 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 ord is filed.
Dated $6/28$ 2021 .
Signature of a member or authorized representative of a member
Gerardo Padila Typed or printed name of signee

Filing Fee: \$25.00