Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Account Number : I20050000157 Phone : (305)407-1438 : (305)397-1003 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
C11140 T.T.	MUUI CJJ.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES CDE LLC

Certificate of Status	0
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Help

K. SALY

OCT 1 1 2022

COVER LETTER

	on of Corp			
		NES CDE LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and tec(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Roark R Monahan		
			Name of Person	
		MONAHAN MIJARES C	PA, PA	
			Firm/Company	
		75 Valencia Ave Suite 703	ı	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		elismor.castillo@monaham		
			to be used for future annual report no	otification)
For further info	ormation c	oncerning this matter, please c	all;	
ELISMOR CA	ASTILLO		305 407-1440	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a c	theck for th	ne following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Pee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres stration S		<u>Street Address:</u> Registration S	Section
Divi	sion of C	orporations	Division of C	orporations
	Box 632 ahassee, l	7 FL 32314	The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

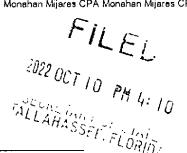
To: Florida Department®f State

Page: 4 of 6

2022-10-10 15:47:04 GMT 13053971003

From: Monahan Mijares CPA Monahan Mijares CPA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		TEAHARD U
INVERSIONES CDE LLC		TEAHASSET FLORIDA
(Name of the Limited Liability Comman (A Florida Limited Li	v as it now appears on our records.)	
(A Piorida Emitica El	atomicy Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 04/29/2021	and assigned
Florida document number		
Torial document named		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
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 a	ddress 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:		
1707 (Augmented Annes Augmente	Enter Florida street address	<u>. </u>
	Florid	la
4 2.	City	la

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

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	GONZALEZ, CARLOS	770 Claughton Island Di	= Add
		Apt 916	□Remove
		Miami. FL 33131	[]Change
			DAdd
			□Remove
			□Change
			Change T LO A A A ST
			Y LI Remove
			OChange O
			□Remove
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			□Remove
			[] Change

). If amending any other information,	enter change(s) here: (A)	twih additional sheets, if novessi	The Oct 10
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Effective date, if other than the date (If an effective date is listed, the date must be a <u>Note:</u> If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to dak does not meet the applicable s	(options of filing or more than 90 days after fill teletory filing requirements, this de	ng.) Pursuant to 605 0207 (3)(b)
if the record specifies a delayed effective dat record is filed.	e, but not an effective time, a	r (12:0) a.m. on the earlier of: (b)	The 90th day after the
. Dated September 30	2022		
Danco	de Deur		
Sign	apple of amender or authorized	representative of a member	
CARLOS DEVLETIAN	-3		
Charles	Typed or printed nam	ne of signer	