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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Name of Limi	Facture 1	LLC.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	Luis P Prez M	Name of Person	
	3048 ETT.		
	Deltona Prezmanuf E-mail address: (1)	FL- 32738 City/State and Zip Code AC CUTE の GM o be used for future annual re	n. 1. Com port notification)
For further information ec	oncerning this matter, please ca		
Luis P ₂ 2 Name of	rez Person	at (3 É É) 3 Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
E \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

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

(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 Company were filed on May	13 , 2021 and assigned		
Florida document number 42100010 9334			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)			
	<u></u>		
	 نن		
Enter new mailing address, if applicable:			
(Majling address MAY BE A POST OFFICE BOX)			
	· 		
B. If amending the registered agent and/or registered office address on our records, <u>e</u> igent and/or the new registered office address here:	_		
Name of New Registered Agent:			
waren a same of the same of th			
New Registered Office Address: 3048 Eta Cir Enter Florida street a Octona City	iddress		

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 Agents 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>Address</u> **Type of Action** Title Title <u>Name</u> Worthwest Register Agent LLC. 1901 4th ST N STE 300 St. Peters burg FL 3370+ Texemove _____ □Change _____ Change _____ □Remove ☐ Change