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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Gaussles Form USALLIC
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Division of Corporations	
	Gainesville, FL 32606
	Tricles of Amendment and feets) are submitted for filing. I correspondence concerning this matter to the following: Cary S. Torres Esq. Name of Person Torres Law Firm PA Firm Conquiry 42 10 NW 37 PL 5+e 300 Address Cary S. Torres Esq. Name of Person Address City/State and Zip Code JOSEV 90 n zale z Qoon z farm. com Email address: to be used for future annual report notification) remation concerning this matter. please call: STORRES SQ at 352 Name of Person Area Code TSS.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Into all Corporations The Control of Corporations The Control of Tallahassee
For fu	rther information concerning this matter, please call:
	Cary 5 Torres ESQ at 352 727 -7770 Name of Person Daytime Telephone Number
Enclos	S60,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60,00 Filing Fee, Certificate of Status & Certified Copy
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Co	Company as it now appear on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number \(\sum_2 \) 1000209570	12 2021 and assigned
	ompany were fried on 3 10 5 5 10 5 10 and assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limit	ted liability company here:
Υ	∩/A
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	foffice address on our records, enter the name of the new registered
	n/A
Name of New Registered Agent:	
	N/A
Name of New Registered Agent: New Registered Office Address:	M/A Enter Florida street address
	Florida 9
	Cuy Florida Zip, Côde P
agent and/or the new registered office address here:	n/A

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

Title	Name	Address		Type of Action
MGR	Jose Victor Gon	zalez Atencia	603 E. Fort	[]Add 2 †
		1	Ocala, FL	- □Remove
A 111 12 0	Victor Trans	Change title from AMBI	ot member	Change
AMUR	Victor Tose Gon	zalez Vasquez	King Street	□Add 2 † - × Remove
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AMBR	Victor Javier	Gonzalez Vasqu	ez 603 E.Fo	ont clade
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ctive date, if other than the date of filing:	n/A-	
effective date is listed, the date must be specific and cannot	oot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	
e: If the date inserted in this block does not meet to ament's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be list is records	ed as tl
	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
filed.	i	
November 16 . 2	2021	
		
	ber or authorized representative of a member	
	Gonzalez Atencio	
* • •		

Filing Fee: \$25.00