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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	TIAW [MAIL
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(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		6/28/21
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	PRISCILLA 3/1 Name of Limi	PANCO MAIS/ested Liability Company	//C
The er	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	dence concerning this matter t	to the following:	
		Pais	SCILLA MAISLES Name of Person	
		PRI'SCILL	A SLANCO MAIS Firm/Company	les LCC.
		119 NW	110 TM ST	
			Hones FL 3 City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For fu	rther information co	ncerning this matter, please ca	II:	
 	Paiscille Name of	Person	at (305) 322 - Area Code Daytime	3665 Telephone Number
Enclos	sed is a check for the	e following amount:		
IZ \$2	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRISCILLA BRANCO HAIS/es 21/194 24 AH 10: 48	
(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 $\frac{5/13/21}{2}$ and a Florida document number $\frac{22/200229/80}{2}$	ssigned
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)	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the name</u> of the name	ew registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Zip Code	,

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 = M: AMBR = At	anager ithorized Member		THE START OF CAMERS
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