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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Central Flore,	Jos Costo L.L. (ited Liability Corpany	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Heitoc	Name of Person Firm/Company	
	3048 Se	Address	
	hechede E-mail address: (1	City/State and Zip Code City/State and Zip Code Compared Compared to be used for future annual report notification.	fication)
For further information co	ncerning this matter, please co	all:	
Hactor Name of	Nog vera	at (<u>574</u>) <u>HOHO</u> Area Code Daytime	17 9 e Telephone Number
Enclosed is a check for the	e following amount:		
№ \$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 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 Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	ibility Company were filed on <u>05/24/21</u> and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Hector D Noguera
New Registered Office Address:	3048 Securiosas Costle Sc Enter Florida street address
	Kissi vivele Florida 34746 City 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 Changing Registered Agent, 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

Title	Name	Address	Type of Action
MER	Hestor Noguera	3048 Seavieur costre de	_□Add
		3048 Seaview Costle de Kissimmor FL 34746	_ □Remové
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<u> ŶA</u>	Hoctor Nogreta	3048 Seavier Castle de	_ □Add
		Kissiwimar, FL. 34746	_ 🗆 Remove
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□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he recor ord is fil	I 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 ed.
Dated	05/24/2022
	Signature of a member or authorized representative of a member
	Signature of a memory of additionized representative of a memory