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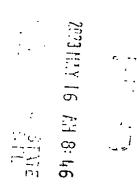
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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
eup iroz	JIMEN	EZ GROUP L.L.C		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CARI	LOS A, SILVA RODRIGUEZ		
		Name of Person		
		MENEZ GROUP L.L.C		
		Firm/Company		
5739 ORANGE ORCHARD DR			2023 :	
	Address			
	WINTER GARDEN, FL 34787			5
		City/State and Zip Code		<u> </u>
	-	paosilvagreco04@hotmail.com		9 i :8
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notif	lication) r=±1	ت
		an.		
CARLOS A SILVA RO	DRIGUEZ	321 9874873 at ()		
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	tus &
Mailing Addre Registration		Street Address: Registration Sec	ction	
Division of 0	Corporations	Division of Cor	porations	
P.O. Box 63 Tallahassee,		The Centre of T	'allahassee c Street, Suite 810	
i arranassee,		ETID IT HUMON	s direct, some ore	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIM	IENEZ GROUP L.I	L.C			
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears ( Liability Company)	on our records.)	-	_
The Articles of Organization for this Limited I	Liability Company	were filed on05/.	24/2021	and	d assigned
Florida document number L21000241786	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here	<u>:</u> :		
Inversiones Casiroz I	LC.				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		5739 ORANGE O	RCHARD DR		2623
(Principal office address MUST BE A STREET ADDRESS)		WINTER GARDE	EN, FL 34787	· ; ` <u> </u>	
					·;
					<u>0</u> 1
Enter new mailing address, if applicable:				•1.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>			<del>्</del>
		<del></del>	<del></del>	fT1	o
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, <u>enter the na</u>	ame of the	new registe
Name of New Registered Agent:	CARLOS A SI	LVA RODRIGUEZ			
New Registered Office Address:	5739 ORANGI	ORCHARD DR			
		Enter Floride	a street address		
	WINTER GAR	DEN	, Florida	34787	
		City	, <del></del>	Zip C	ode

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective	date, if other than the date of filing:(option:	al)	
an effect	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursua	
	's effective date on the Department of State's records.		
record :	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day after th
d is filed		. ·	505
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Filing Fee: \$25.00