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T. MATTHEWS DEC 2 2 2021

• COVER LETTER

TO:

	stration Sesion of Cor			
	Ibercall 1	T.C.		•
SUBJECT: _			ited Liability Company	
The enclosed .	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Ivan E Mercado		
			Name of Person	
		Mercado & Rengel LLP		
			Firm/Company	
		1330 Beacon St Ste 300		
			Address	
		Brookline, MA 02446		
			City/State and Zip Code	
		ivan@mercadorengel.com		
For further int	formation co	E-mail address: 0 oncerning this matter, please c	to be used for future annual report not all:	iffication)
Ivan E. Merca	ado		617 9926329 at ()	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	ing Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
tall	ahassee. I	* し <i>5 2 5</i> 1 4	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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Ibercall LLC

(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 $\frac{\mathrm{May}}{24}$, $\frac{2021}{2021}$ ___ and assigned Florida document number 1.21000242336 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 "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida __ 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 hability 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>	Name	Address	Type of Action
AMBR	Gloria Stefanny Velez Castano	Calle Boira 4 Los Lagos 52, Mutxamel 03 110 ES	= Add
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D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effect <u>Note:</u> If	edate, if other than the date of filing:
f the record s ecord is filed	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
Dated	Perember 2 2021
	Signature of a member or authorized representative of a member
	Ivan E. Mercado
	Typed or printed name of signee

Filing Fee: \$25.00