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(Ad	ldress)	
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Alis Marillo

FILTU 2021 SEP -7 PH 7: 4:5 SECRETARY OF STAR

COVER LETTER

Registration Section Division of Corporations

зјест: <u>Тук</u> е	Name of Lin	Lability Company	ental, LLC.
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Mick	nael Olayo Name of Person	Ω
		Firm/Company	
	2940 n	W 207th St	reet
		City/State and Zip Code	
	Michael E-mail address: (Olayon & Hot	mail.com
further information of	concerning this matter, please ca	all:	
Michael	Olyon of Person	at (<u>786</u>) <u>317</u> Area Code Daytin	6957 ne Telephone Number
losed is a check for t	he 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 Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Three Lit	He Manyey's Po ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records = CRETARY OF STATE	
	(A Florida Limited Liability Company)	TALLAHASSEE, FL	
Articles of Organization for this Limited I	Liability Company were filed on	06 01 2021 and assigned	
rida document number <u>L210002</u>	<u>54377</u>	•	
s amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability company her	<u>·e</u> :	
new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if appli	cable:		
incipal office address MUST BE A STRE	ET ADDRESS)		
			
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	<u> </u>		
If amending the registered agent and/or ent and/or the new registered office addre		cords, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
v Registered Agent's Signature, if changing	Registered Agent:		
reby accept the appointment as register wisions of all statutes relative to the properties the obligations of my position as reging filed to merely reflect a change in the appany has been notified in writing of this	per and complete performance of n eistered agent as provided for in Cl registered office address, I hereby	hapter 605, F.S. Or, if this document is	
	If Changing Registered Age	nt, Signature of New Registered Agent	

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager IBR = Authorized Member **Address Type of Action Name** MERC Beatriz Senra 2940 nw 207+h Street DAdd Miami Gardens, FL 33056 Remove _____ □Change 2940 nw 207th Street RAdd Michael Olayon FASAS Miami Gardens, FL33056 DRemove _____ □Change ____ □Add

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n ef te:	(optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	d 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 led.
ed	8/16 3021
	Signature of a member or authorized representative of a member
	Michael A. Olavan

Filing Fee: \$25.00