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COVER LETTER

FO: Registration Sec Division of Corp				
SUBJECT:	Porcha	Inc. LLC ed Liability Company		
OIMET.	Name of Limit	ed Liability Company	-	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
lease return all correspor	dence concerning this matter to	o the following:		
	Maurice	3 T. Parcha Name of Person		
		Firm/Company		* 5-
	3501	SW VOYAGER Address i Aint Lucie, F City/State and Zip Code Lrice & gahoo. Lor o be used for futyre annual report notif	2021 AUS - SECRETA TALLA	
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For further information co	oncerning this matter, please ca) ,
4-Himarili Name of	Conzalez Person	at (<u>757)</u> <u>204</u> - Area Code Daytime	-166 4 : Telephone Number	
Enclosed is a check for th	c 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 Fiting Fee, Certificate of Status Certified Copy (additional copy is enclos	
Mailing Address Registration S		Street Address: Registration Sec	ction	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porcha Inc, 1	LC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number $\frac{L21000256009}{}$.	iled on $6-2-21$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con $Po(cha = 1/C)$		
Porcha LLC The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	٠
(Principal office address MUST BE A STREET ADDRESS)	S	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CRETARY OF STATE	71 AUG -7 PM 2: 17
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
City	, 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 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	Maurico Porcha	Post Saint Lucie, F134	□Add
		Port Saint Lucie, F1 34	N3 □Remove
			DChange
MG-R	Himaritis Gonzaliz	. 3501 SW Voyagers	<u>/-</u> □Add
		Port Saint Lucie FL 349	
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fective date, if other than the n effective date is listed, the date mu	st be specific and ca	annot be prior to date	e of filing or more the	in 90 days after filin	g.) Pursuant to 605.0207
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ecord specifies a delayed effective	ve date, but not ar	n effective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
is filed.					
1-26-27					
ated 7-26-27	1/1				
10d 7-26-27 Alm Ho	in lon	Mar or authorized	representative of a r	nember	