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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ASSETS LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOURDES SOTO, ATTO	DRNEY AT LAW	
		Name of Person	
	LAW OFFICE OF LOUR	DES SOTO	
		Firm/Company	
	1688 Meridian Avenue, Se	eventh Floor	
		Address	
	Miami Beach, Florida 331	41	
		City/State and Zip Code	
	LSLAWGROUP@GMAIL	.COM to be used for future annual report noti	(Gration)
For further information c	concerning this matter, please c	·	nearony
LOÙRDES SOTO		305 751-2424	
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee, l	PL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND THE STATE OF THE PROPERTY AND THE PRO

RALUMA ASSETS LLC.

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(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000269822</u> .	were filed on June 9th., 2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1688 MERIDIAN AVENUE, SEVENTH FLOOR		
Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FLORIDA 33139		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member	Address IUL -1 PH 12: 23	
<u>Title</u>	Name	Address	Type of Action
MGR	LUIS M RAMOS	14532 S.W. 142 PLACE	□Add
		MIAMI, FL. 33186	≡ Remove
			□Change
			
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an effective date is li ote: If the date in	other than the dat sted, the date must be serted in this block e date on the Depar	e of filing: specific and canno does not meet the	ne applicable star	f filing or more than tutory filing require	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.0207 (Il not be listed as t
record specifies a clis filed.	delayed effective da	te, but not an ef	fective time, at 1	2:01 a.m. on the ea	arlier of: (b) The 9	Oth day after the
June 29th.		, 202	:1 ——— ·			
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Filing Fee: \$25.00