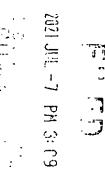
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Office Use Only

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COVER LETTER

TO: Registration Sec Division of Corp			
CAMPK9 L	LC		
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
	Amendment and fee(s) are sub		
	MELANY ROMERO		
		Name of Person	
		Firm/Company	
	915 NW 1ST AVE H1910		
	AU AAU CL 22124	Address	
	MIAMI FL 33136	City/State and Zip Code	
	campk9mia@gmail.com E-mail address: (to be used for future annual report notifi	cation)
For further information ec	oncerning this matter, please c	all:	
MELANY ROMERO		786 800-6307	~2
Name of	f Person	Area Code Daytime	Telephone Number 17 JUL 1
Enclosed is a check for th	ne following amount:		7
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now <u>appears on our records.</u>) Liability Company)		
were filed on 06/28/2021	and assigned	
oility company here:		
lity Company," the designation "LLC" or the al	obreviation "L.L.C."	
915 NW 1ST AVE h1910		
MIAMI, FL 33136		
915 NW 1ST AVE h1910		
MIAMI. FL 33136		
address on our records, <u>enter the nan</u>	ne of the new registe	
Fatar Flavida struct address	· · · · · · ·	
	မ မ	
	Zip Code C	
	were filed on 06/28/2021 fility company here: lity Company," the designation "LLC" or the al- 915 NW 1ST AVE h1910 MIAMI, FL 33136 915 NW 1ST AVE h1910 MIAMI, FL 33136	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ADRIANA GABRIELA LEMOS	915 NW 1ST AVE H1910	
		MIAMI FL 33136	□Remove
			_
MGR	MELANY ROMERO	915 NW 1ST AVE H1910	
		MIAMI FL 33136	Remove
			T Change
			□Add
			Remove
			□Change
			Remove ·
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			□Remove
			Change
			□Add
			Remove
			Change

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ecord specifies a delayed effec is filed.	2020	La.m. on the earlier of: (b) The 90th day after t
econd specifies a delayed effective field. JULY IST		

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Filing Fee: \$25.00