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2021 AUG 30 PM 2: 10

9/14/2021

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations	4	•			
	PROMOCI	ONES 188 LLC		.*			
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		ROMINA MENDEZ					
			Name of Person	<u></u>			
		PROMOCIONES 188 LLC	<u>;</u>				
			Firm/Company				
		2582 SEDGE GRASS WA	Y				
			Address				
		ORLANDO, FL 32824					
			City/State and Zip Code				
		ROMINAMENDEZLOZAI E-mail address: (1)	JA@GMAIL.COM to be used for future annual report n	notification)			
For further in	nformation c	oncerning this matter, please ca	all:				
ROMINA M	IENDEZ		954 702-6149				
Name of Person		at () Area Code Day	time Telephone Number				
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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 Address: Registration Section		Street Address: Registration S					
Division of Corporations			Division of Corporations The Centre of Tallahassee				
). Box 632 Iahassee, I			roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2021 Alig 30 PM 2: 10

PROMOCIONES 188 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 JULY 7TH 2021 and assigned Florida document number L21000311222 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 "L.L.C." 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 regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	GUSTAVO GONZALEZ	2582 SEDGE GRASS WAY	■Add
		ORLANDO, FL 32824	□Rcmove
			□ Change
AMBR	GABRIEL MENDEZ	2582 SEDGE GRASS WAY	≣ Add
		ORLANDO, FL 32824	□ Remove
			□ Change
			□ Add
			□Remove
			□Change
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(Mary)		(Port)			
Signature of a member or authorized representative of a member	Signatur	e of a member or authori	zed representative of a m	ember	
ROMINA MENDEZ	ROMINA MENDEZ				

Filing Fee: \$25.00