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(Re	questor's Name)	
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2022 JUN 23 PM 2: 10

SECRETARY OF STATE

A. BUTLER SEP 1 4 2022



COVER LETTER

TO: Registration Sec Division of Corp				
ISANA GR			•	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	OSCAR M GARCIA			
		Name of Person		
	ISANA GROUP LLC			
		Firm/Company		
3695 MANDARIN WOODS DRIVE N				
		Address		
	JACKSONVILLE, FL 322	223		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please ca	all:		
OSCAR M GARCIA		904 3146112 at ()		
Name of Person		Area Code Dayun	ne Telephone Number	
Enclosed 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		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monro	Tallanassee ne Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		. GROUP LLC	2022 JUN 23 PM 2: 10
(Name of the Lim	ited Liability Com	pany as it now appears d Liability Company)	on our records.)
	(2) Profita Littile	a Elabinity Company)	SECRETALLY OF STATE
The Articles of Organization for this Limited I	_iability Compar	iy were filed on 🔠	SECRETALLY OF STATE 3/07/2024 LAK SECRE and assigned
Florida document numberL21000318525			
Torida document number	 .		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liz	ibility company her	<u>re</u> :
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the de	signation "LLC" or the abbreviation "L.L.C."
C	aabla.	N/A	
Enter new principal offices address, if applicable:			-
Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		e address on our ro	ecords, enter the name of the new register
rame of the weepsteled Agent.			
New Registered Office Address:	N/A		
		Enter Flor	ida street address
	N/A		, Florida N/A
	- <u>-</u> -	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MIGUEL ANGEL GUILLEN N.	3695 MANDARIN WOODS DRIVE N	🗆 Add
			≅Remove
		- <u></u>	□Change
			□Add
			□ Remove
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an effective date ote: If the da	, if other than the e is listed, the date mus te inserted in this ble ective date on the De	st be specific and ock does not m	cannot be prior neet the applica	to date of filing or	r more than 90 đa		
emised centrifi.	es a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a.n	n. on the earlie	rof: (b) The	90th day after the
is filed.							
	JUNE 20		2022				
is filed.	JUNE 20	······································	Ox 7	_ · J <u>V</u> rized representat	ion of a month		

Filing Fee: \$25.00