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| Division of Corp | porations | | | | |
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| SUBJECT: | | ted Liability Company | | | |
| | | | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | |
| | ndence concerning this matter | | | | |
| | | | | | |
| | Juan | Juse Carcia | | | |
| | | Name of Person | • | | |
| | South | WOCK Creation | IS | | |
| | | Firm/Company | | | |
| | 204 w 1 | main St | | | |
| | | Address | | | |
| | Leesbur | Gity/State and Zip Code cia76@a01, Com to be used for future annual report notif | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (1 | to be used for future annual report notif | cation) | | |
| For further information co | oncerning this matter, please co | | | 2021 JUL 26 | |
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| Juan 3 | | at (305)300 Area Code — Davtime | Telephone Number | r.s | • |
| Name of | rerson | Area Code Dayrine | retephone (vamber | ं कु | • |
| | | | | PH 12: 5 | T. 1474 |
| Enclosed is a check for th | ne following amount: | | | 59 | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | |
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Mailing Address:

TO:

Registration Section

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

(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 _______ and assigned Florida document number _ L 21000320811 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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 |
|--------------|----------------|---------------------------------------|----------------|
| MGR | Morga Tarazona | 204 w mainst Leesbury | F1,34748 |
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