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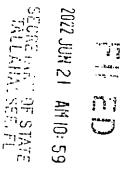
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A. BUTLER SEP 12 2022

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	T: LUZ	Blanca LL.	ted Liability Company	•
The enck	osed Anicles of A	mendment and fee(s) are subm	nitted for filing.	
Please ret	turn all correspond	lence concerning this matter t	o the following:	
		Michael C	Name of Person	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company	
		16120 Aberde	CEN WCLY Address	
		Miami Lakes	Eity/State and Zip Code	33014.
		My Key 1111 E-mail address. (to	be used for future annual report	notification)
For furth	er information con	cerning this matter, please ca	II:	
Mic	Name of P	Person	at (<u>7.8/</u>) <u>29 (</u> Area Code Day	time Telephone Number
Enclosed	is a check for the	following amount:		
□ \$25.0	00 Filing Fcc	✓ \$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
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 ARTICLES OF ORGANIZATION

FILED **OF**

Name of the Limited Liability Compa (A Florida Limited)	any as it now appea Liability Company)	2022 JUN 21 AT	110: 59
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100328745</u> .		3-18-2022	STATE E. Fi and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the o	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		 .	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		.,	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	ecords, <u>enter the na</u> n	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	Cin	, Florida	Zin Codv
New Registered Agent's Signature, if changing Registered Agent:	•		enfr. v. van
New Registered Agent & Signature, if Changing Registered Agents			

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>	<u>Address</u>	Type of Action
MG12	Michael Caban	16120 Aberdeen Way	IAdd
		Miami Lakes, FL. 33014	□Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	
	·· ·····
C. Effective date, if other than the date of filing:	ling.) Pursuant to 605.0207 (3)
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.	The 90th day after the
Dated Juvil 16 . 2022.	
Signature of a member or authorized representative of a member	
Macralis Caban. Typed of printed name of signee	