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TO:

Registration Section
Division of Corporations

	# TYANS POHOCH SEINCES, imited Liability Company	uc_
The enclosed Articles of Amendment and fee(s) are supplease return all correspondence concerning this matter		
Alberto B	Name of Person	_
Garcia Equip	Firm Company	ices, ccc
370 NW 17	71 TEIT Address	
	City/State and Zip Code	
For further information concerning this matter, please	e call:	
PANACHE CARCIO Name of Person	at (305) 456-3337 Area Code Daytime Telephone Nur	nber
Enclosed is a check for the following amount: \$\frac{1}{4}\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy ional 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, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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(Name of the Limited Liability Com	раду as it лоw appears d Liability Company)	SECAL FARY O STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Compar	ny were filed on	7121/2121 and assigned
Florida document number <u>UZI 000 33 22 44</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the de	signation "L.L.C." 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 offic agent and/or the new registered office address here:	e address on our re	ecords, enter the name of the new register
agent anu/or the new registered office auditess here.		
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Flori	ida street address
Name of New Registered Agent:	Enter Flori	ida street address, Florida Zip Code

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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P <u>reside</u> nt	Alberto Barcia	3770 HW MI TEIR	□Add
		UPALOCKA, FL 33055	□Remove
			XChange
AMDI	Yarkel Anido	DOTO NW 171 FEW	□ Add
		079 LOCKA FL 33055	□Remove
			XlChange
			□Add
			[]Remove
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is filed.	5/16/	2022							
is filed.	5/16/	<	are of a memb	er or authorize	ed representativ	e of a member			