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Special instructions to Filing Officer:						
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Office Use Only

COVER LETTER

TO: Registration S Division of Co		·•		
BIDDA L SUBJECT:	LC			
SUBJECT,	Name of Lin	mited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	bmitted for filing.		
	ondence concerning this matter	· ·		
	LUIS FELIPE SANCHEZ	Z GARCIA		
		Name of Person		
	BIDDA LLC			
	Firm/Company			
	6100 LAKE ELLENOR I	DRIVE		
		Address		
	SUITE 151 #1295			
		City/State and Zip Code		
	ORLANDO, FLORIDA 32	2809		
For further information c	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)		
LUIS FELIPE SANCHI		407 5055372		
Name of Person		at () Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		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 same of the sa

ARTICLES OF ORGANIZATIO OF

BIDDA LLC

and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CELERU LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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		
			□Add		
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If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the	block does not meet the applica	to date of filing or more than 90 able statutory filing requirer	(optional) days after filing.) Pursuant to 605.0207 (ments, this date will not be listed as t
ne record specifies a delaye The 90th day after the re	ed effective date, but not cord is filed.	an effective time, at	12:01 a.m. on the earlier of:
Dated FEBRUARY 2	2024	_·	
		L5	
	Signature of a member or author	nzed representative of a memb	ær
LUIS FELIPE SANCI	IEZ GARCIA		
·		d name of signee	

Page 3 of 3

Filing Fee: \$25.00