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TATT ATLASSES, FLORIDA

SEP - 6 2022 S. PRATHEF

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Giab	riella Enterpri		
	Name of Lim	ited Liability Company	·
The enclosed Articles of A	amendment and fee(s) are sub	mitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	Yasmin To	Name of Person	
	Giabriela	ENTERPLISE UC Firm Company	
	11294 NW U	Address	
	Miami, F	L33172 City/State and Zip Code	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	ication)
For further information co	ncerning this matter, please ca	ıll:	
Mension Tor	Y (S Person	at (7δφ) 870 - Area Code Daytime	3575 Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2022

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	JUN 17 F
The Articles of Organization for this Limited Liability Company were filed on <u>July 30, 2021</u> a Florida document number <u>L 21 000345153</u> .	PP CO midnassigned
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 abbreviat 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, <u>enter the name of the agent and/or the new registered office address here:</u>	he new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
	o 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
MGR MBR	Yarmin Torres	11294 NW (1th terr, Miam), FC	_ S2Add
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ective date, if other than the date of filing: (optional)	- <u> </u>	
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