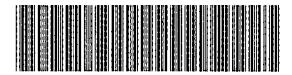
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SECRETARY OF STA

(7)

COVER LETTER

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		VENECOOLLLC .	• ·	. 4
SUBJEC	T:	Name of Lit	nited Liability Company	
The enclo	sed Articles of	Amendm <mark>ent and fee(s) are</mark> sul	omitted for filing.	
Please ren	urn all corresp	ondence concerning this matter	to the following:	
		JAVIER E GUZMAN V	LASCO	
		··································	Name atirerson	
		IMPORT VENECOOL LI	.C	
			Tirm/Company	
		8350 NW 52ND TER STE	301	me Telephone Number Soc.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed) cection orporations Tallahassee
			Address	
		Name of Limited Liability Company		
				
				otification)
or further	· information c			
Javier E G	uzman Velasc	0		
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres			Section
D	Division of C	Corporations	Division of C	orporations
	.O. Box 632 allahassee. I			Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 26 AM 10: 14

IMPORT VENECOOL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF TALLAMAGGET, I

ne Articles of Organization for this Limited Liabili	ty Company	were filed on $\frac{08/03}{2}$	3/2021	and assigned
orida document number 1.21000349132	·			
is amendment is submitted to amend the following	g:			
If amending name, enter the new name of the	<u>limited liabi</u>	lity company hero	<u>e</u> :	
A				
new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."
ter new principal offices address, if applicable:		19370 COLLINS AVE APT 1014		
rincipal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL 33160		
		10250 2001 1 1510		
iter new mailing address, if applicable:		19370 COLLINS AVE APT 1014		
ailing address MAY BE A POST OFFICE BOX	SUNNY ISLES B	EACH, FL 33160		
If amending the registered agent and/or regist	ered office a	ddress on our rec	ords, enter the nar	ne of the new registe
ent and/or the new registered office address he				
Name of New Registered Agent:	HIVE CONNECTION LLC			
New Registered Office Address:	370 COLLIN	S AVE APT 1014		
		Enter Florid	a street address	
SU	JNNY ISLES	BEACH	Florida ³³	3160
-		City		Zip 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.

JAVIEY GUZMAN
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
AMBR	ROBINSON J ATENCIO ATENCI	8350 NW 52ND TER STE 301	□Add
		DORAL, Fl. 33166	Remove
			□Change
NA	NA	NA	
			□ Remove
NA	NA	NA	
			□Remove
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record specifies a c The 90th day after t	elayed effect he record is f	ive date, but r filed.	not an effecti	ve time, at 12:	01 a.m. on the	earlier 0
october 21TH			·			
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		Tavior	GUZMAH			
	Signatur	Javiek re of a member or au	GUZMAN Thorized represent	ative of a member	<u></u>	

Page 3 of 3