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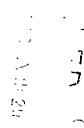
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Special Instructions to Filing Officer:	

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## **COVER LETTER**

	Registration Se Division of Coi			<i>.</i> •
CHD IEC	M Y BORI	RAS LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		MARIO YUDEL BORRA	S	
		<del></del>	Name of Person	<del></del>
		M Y BORRAS LLC		
			Firm/Company	<del></del>
		4733 W WATERS AVE A	APT 520	
		-	Address	
		TAMPA FL 33614		
			City/State and Zip Code	
		maribel.yabor@estrellainsu		
For fortho	r information a		to be used for future annual report not	lification)
ror turine	г шоғишын с	oncerning this matter, please c	au:	
MARIO Y	YUDEL BORR	AS	863 777-0520 at ( )	•
	Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
I.	Division of C P.O. Box 632	Corporations	Division of Co	rporations
	7.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monro	Tallanassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M Y BORRAS LLC		
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	s appears on our records.) npany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L21000355987}{L21000355987}$	1 on and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oanv here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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)		
	<u>.</u>	
		()
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, enter the name of the new reg	<u>zistere</u>
	:	•
Name of New Registered Agent:	٩	
<del></del>		ī
New Registered Office Address:	nter Florida street address	—
	20	
	, Florida	<del></del>

## 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

Title	Name	Address	Type of Action
AMBR	RODOLFO GONZALEZ	3802 SPENCE AVETAMPA, FL 33614	□Ađd
			Remove
			□Change
			□Add
			□Remove
		·	[] Change
			□Add
		<del></del>	□Remove
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Filing Fee: \$25.00