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(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u></u> ÷#}
PICK-UP	·	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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> O SIMMONS OCT 0.5 2021

COVER LETTER

Division of Cor			
SUBJECT:	Name of Limi	ADIMIT VAUEA ned Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>OSCHR</u>	7 BERNAL Name of Person	
	BSP Intu	Comsul TWG L	Lic.
	<u> 20301 SW</u>	10611 AUE Address	
	MIAMI F	City/State and Zip Code 5 & China (City) (C	
	brintencen	5 ce China (Cion) (to be used for future annual report note	OCC. CO.M fication)
For further information c	oncerning this matter, please ca	alt:	
SCAR Name o	BERNAL TPerson	at (<u>305</u>) <u>439</u> . Area Code Daytim	4139 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO OF

	#2152 27 AH	6: 37
(Name of the Limited I.	IA DIMA UAUEA LL. iability Company as it now appears on bur reco	<u>rds.</u>)
(AF	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
Florida document number <u>L 21000365</u>	946	
This amendment is submitted to amend the following	ng:	
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 "L1	,C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>ent</u> c	r the name of the new registered
agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
_	City	Florida 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.

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 #E1 SE1 27 AN 6:37 Type of Action Address Title Name TESUS NAVEA GONGORA AMOR. MIAMI, FL 33177 _____ □Remove _____ □ Change _____ 🗀 Add □Remove ___ Change _____ □Add _____ □Change _____ □Remove _____ Change

	834 St 27
_	6321 St. 27 AH 6: 37
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Note: 1	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	September 21 9021
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00