L21000366912

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SECRETARY OF STATE

SEP 1 4 2021

D CUSHING

COVER LETTER

Division of Corp	porations				
SUBJECT:	M) SH FA	MILY LCC ted Liability Company) 		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	<u>CHRÜST</u>	Name of Person	5A		
	_OPTIMA12	E INTERNAT	TONAL		
		Lins AVB			
	Sunny I	SLES BEACH City/State and Zip Code	172 33166 Em	2021 SEF -7 PH 4: 53	<u>i.</u> j
	BSPINOSA LA E-mail address: (10	w 6 YA HOO. CO	icytion)	ر ا	22-18-3 2
For further information co	oncerning this matter, please ca		් සිතු යම් වූහ	PH	
Christian Name of	BSP1105A	at (<u>941</u>) <u>400 -</u> Area Code Daytime	-6485	÷: 53	
		ŕ			
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section State Certified Copy radditional copy is encl		

TO:

Registration Section

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 OF

	TAMILY LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record- a Limited Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L21000366912</u>	Company were filed on <u>08/16/</u> 	909 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD)	RESS)	2 <u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>
		- <u> </u>
		> 1 Total
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- Con - Co
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	y ,
	, Flo	orida Zip Code
	Ciŋ	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MG2	IEMA FARMA MORALES AGUERO	15811 COLLIPS AVE \$ 1907	_ ⊡Add
		Sunny ISLES BEACH, FZ 33160	□Remove
			X Change
MGR	FERUAUDO SOSE DA DILVA MORA	165 15811 Willins AVE # 190	¥ ⊡Add
		Supry Islas BOACH, FZ 3311	80 □Remove
			_ X Change
4G12_	TATIHA HARIA BELEN HERHAU MORALES	15811 Wolling AVE # 120	<u>f</u> □Add
		SUMMY ISLOS BEACH, FR 3316	⊘ □Remove
			Z Change
191 <u>2</u>	RAMIRO GUILLEZMO DA SILVA MORALES	15811 COLLINS AUG # 1907 SUNNY ISLES BEACH, FL 331	□Add
	MODACES	Sunny Isiës Beach, Fl 331	60 □Remove
			& Change
M <u>9R</u>	MARCO ANTOMO DA SILVA	15811 COUINS AVE # 1904 SUNNY ISLES BEACH FL 33160	□Add
	μομπου	SUNNY ISLES BEACH FL 33160	O □Remove
			S Change
			_ 🗆 Add
			_ □Remove
			□Change

(If an e Note:	tive date, if other than the date of filing:
and is t	ord 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 ided.
Dated	56PTBMBBR 03. 969J.
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00