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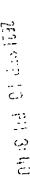
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COVER LETTER

Division of Cor	•	r	
SUBJECT: Morrilos	II.C	~	
SUBJECT: <u>IMOTHOS</u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paola Cardenas	Name of Person	
		Name of reison	
	Tax Care Orlando	Firm/Company	
	12701 S John Young	g Pkwy Ste 216 Address	
	Orlando, Fl 32837		
	taxcareorlando@ta E-mail address: (i	City/State and Zip Code axcareinc.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Paola Cardenas Name o	f Person	at (<u>321</u>) <u>284-9</u> . Area Code Daytin	341 ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 **Type of Action** Title **Address** Name ____ □Add _____ Remove _____ □Change _____ □ Add _____ Remove _____ □Change □Remove _____ □Change _____ □Change _____ □Remove

_____ Change

Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date is issued as the effective date on the Department of State's records. The effective date is issued as the effective date of the effective date on the Department of State's records. The effective date is issued as the effective date of the effective	_	
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Dated September 07 . 2021	Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed (
Cerardo Aquifar 1.		
Signature of a member or authorized representative of a member	Dated _	Cerardo Agrifar 1.
		Signature of a member or authorized representative of a member
Gerardo R Aguilar Araneda		

Filing Fee: \$25.00