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SECRETARY OF STATE
DIVISION OF CORPORATION

T. MATTHEWS APR 19 2022

COVER LETTER

	ation Section of Corporatio	ns			_	• í			
emptezer.		A	LUSO LLC	a.	Ĵ		•	,	,•
SUBJECT:	•	Name of Li	mited Liability	Company	- -			<u></u> •	
The enclosed Art	icles of Amend	nent and fee(s) are su	ıbmitted for fil	ling.					
Please return all o	correspondence	concerning this matte	er to the follow	ring:					
			AGUSTIN V	OTTERO					
			Name	of Berson					
			Pirm/0	Company					
			170 SE 7th W	AY					
			Ad	dress					
		PO	MPANO BEA	CH, FL 3	3060				
			City/State	•			•		
		E-mail address	principalrealt to be used for	_		t notific	cation)		
For further inform	nation concerni	ng this matter, please			•				
AG	USTIN VOTTE	RO	7 at (786)	486-84	71			
Name of Person			rea Code	D	aytime '	Telephor	ne Number		
Enclosed is a che	ck for the follo	ving amount:							
□ \$25.00 Filing		30.00 Filing Fee & Certificate of Status	Certi	0 Filing Fified Copy onal copy is	•)		Certified	e of Status &
•	Address: ration Section	1			t Addres		ion		
_	on of Corpora			_	sion of			าร	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR -5 PM 2: 58

ALUSO LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on ility Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL21000397023	re filed on	09/07/2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and contain the words "Limited Liability (Company," the design	ation "LLC" or the abbre	viation "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)		_	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:		ds, enter the name o	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
		, Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro-	rformance of my	duties, and I am fan	iliar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SOFIA VOTTERO	6538 COLLINS AVE, SUITE 379	□Add
		MIAMI BEACH, FL 33141	Remove
AMBR	AGUSTIN VOTTERO	170 SE 7th WAY	= Add
		POMPANO BEACH, FL 33060	□Remove
			□Change
			□Remove
			Change
			
			□Remove
			Change
			□Add
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			Change
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			□Change

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	03/03/3033
If an effec	os/03/2022 (optional) etive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
e record ord 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
Dated	03-16-2022
	ALL
	Signature of a member or authorized representative of a member
	organitate or artiforniseror authorized tebleselliative of a member