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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations		•	
Corona Gro	oup, LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Ivette C. Corona			
		Name of Person		
	AIMM Resources, LLC		38 038 038	2021
	4817 SW 135th Court	Firm/Company	- LETAR)	TSEPT TO THE
	Miami, FL 33175	Address	SSEE, FL	PH 2: 07
	lvette.C.Corona@gmail.cor E-mail address: (	City/State and Zip Code  n  (to be used for future annual report noti	fication)	7
For further information of	concerning this matter, please c	all:		
Ivette C. Corona	oneorming this matter, pietise e	305 785-8147		
Name (	of Person	at () Area Code Daytim	e Telephone Number	-
Enclosed is a check for t	he 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 Fe Certificate of St Certified Copy (**dditional copy is c	atus &
Mailing Address Registration	Section	Street Address: Registration Sec		
Division of C		Division of Cor		
P.O. Box 632 Tallahassee,		The Centre of T	'allahassee e Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our rate Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on September 9	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
AIMM Resources, LLC		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	ole:	"LLC" or the abbreviation "LL.C."
Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE BO	<u></u>	PM 2: 07
B. If amending the registered agent and/or regagent and/or the new registered office address l	istered office address on our records, <u>e</u> <u>here</u> :	nter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dimes
	vnier r ioriaa street a	auren
	City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Plantin Canna II C

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Albert Corona	4817 SW 135th Court	_
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ective date, if other than the dat	te of filing:	to date of filing or more the	(optional) n 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block	does not meet the applica	ble statutory filing requ	irements, this date will not be listed a
cument's effective date on the Depar	innent of State's records.		
cord specifies a delayed effective da s filed.	te, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
September 16	2021		
ed			
A.H. TI			
Inth O.			