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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	HAURICIO BANDERA Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAURILIO	Name of Person	
		Name of Person	
	Maurice	O Banners, L.C.	
	2601	SW 190 AV	
	Miganon	EL 33029 City/State and Zip Code	
	_	·	
	リタス・)真足の E-mail address: ((to be used for future annual report notification)	
For further information c	roncerning this matter, please c	all:	Ā
Maurice Bows	ELIS	au (365) 992-5947	;
Name o	of Person	all: at (315) 992-5947 Area Code Daytime Telephone Number) (4) (1) (2)
Enclosed is a check for the	he following amount:	· · · · · · · · · · · · · · · · · · ·	
⊠ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)	
** ***			
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modelico (Sami) F.W.	25, LLC Company as it now appears on our records imited Liability Company)	<u>)</u>
(A Florida Li	amited Liability Company)	
The Articles of Organization for this Limited Liability Con	inpany were filed on $9-13-2021$	and assigned
Torida document number <u>LZ10604033 (9</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
		2
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		SEP T
Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		29 A
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	the name of the new regis
gent and/of the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	i.mvi ramaa sireet aaaress	
	**1	• •
	, F10 , City	orida Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
H6R	MAURILIO BANDERAS	2601 SIN 190 DUE	∑ Add
		MIRAMAR, FL 33029	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			GAdd CO Security Sec
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ective date, if other than the date of filing: (optional)	te: If the date inserted in this b	block does no	t meet the app	dicable statute	ing or more than ory filing requir	90 days after f ements, this	iling.) Pursi date will i	uant to 605. 10t be liste	.0207 :d as
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