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(Re	equestor's Name)	
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COVER LETTER

TO:

TO: Registration S Division of Co			
ISLADAN SUBJECT:	ZA VENEZUELA ARTE Y C	ULTURA	
30bJEC1:	Name of Lin	nited 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:	
	SANDRO CYSNEIROS F	пно	
		Name of Person	
		Firm/Company	
	185 STERLING SPRINGS		
	ALTAMONTE SPRINGS.	Address F1, 32714	
	12.1 (42.1)	City State and Zip Code	
	sandrinho-9(å/hotmail.com E-mail address: (to be used for future annual report notification)	2021
For further information c	concerning this matter, please c	aff:	2021 057 1
SANDRO CYSNEIROS	FILHO	407 575-3999 at ()	4
Name o	d Person	Area Code Daytime Telephone	Number 5
Enclosed is a check for the	he following amount:		\sim
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
<u>Mailing Addres</u> Registration !		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassec	
Tallahassee, l	ni, p2p14	2415 N. Monroe Street, S	inte 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLADANZA VENEZUELA ARTE Y CULTURA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPT. 30, 2021 _____ and assigned Florida document number 1.21000426880 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) :5 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sireet address ___, Florida ____ 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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR	ANTONIETA DEL VALLE ARM 45	488 SUN LAKE CIR.	■Add
		APT 302	_
		LAKE MARY, FL 32746	
			□ Remove
			□Change
		n	□Add
			2021 . 17.7
			□Change
			□Remove
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	specific and cannot does not meet the	be prior to date c e applicable sta	filing or more th actory filing req	(optio an 90 days after uirements, this	nal) îting.) Purst date will n	ant to 605,02 of be listed
ecord specifies a delayed effective da is filed.	ate, but not an effi	ective time, at 4	2:01 a.m. on th	e earlier of; (b)	The 90th	day after th
OCTOBER 7TH ted	2021	_				
P		MeVVO or authorized rep				