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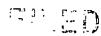
COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limi	ited Liability Company	C
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	<u>Moni</u>	Mame of Person	d 62
	0 . 1	Firm/Company	
	IDI MI	11 book Al	
	Port or	MAX FL 3	2127
	M M Q M I	1430 10 Md	otification)
For further information cond	erning this matter, please ca	all:	
MMQUL (Name of Po	MUUUL	at (NYU) LUL Area Code Day	- 2095 time Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



. .					-	404 (* F
Name of the Limited Link (AF)	ability Company	as it no	w appears o		21 OCT 20	
The Articles of Organization for this Limited Liabili Florida document number <u>L210004326</u>	ty Company we) [4]	21	OF STATE FUEL FL and assigned
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabilit	y com	ipany here	:		
The new name must be distinguishable and contain the words	"Limited Liability	Compa	iny," the desi	gnation "I	LC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	: _					
(Principal office address MUST BE A STREET Al	DDRESS)					
	-					
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BOX	2 _				·	
	-					
B. If amending the registered agent and/or regist agent and/or the new registered office address he		iress o	on our reco	ords, <u>en</u>	ter the nam	e of the new registered
Name of New Registered Agent:						
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		F . Pt .1			
			Enter Florida	i street adi	iress	
_	· · · · · · · · · · · · · · · · · · ·	City		,	Florida	Zip Code
New Registered Agent's Signature if changing Regis	tared Agent:	•				•

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monique Gonzalez	13 Millbrook Arc	X/\dd
	, ,	POYTOYUNGE, FL 32127	_ □Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
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- Mariano Jamalin	e record specifies and is filed.	delayed effective date, but	t not an effective time, a	t 12:01 a.m. on the earl	er of: (b) The 90th day	after the
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Signature of a member of authorized representative of a member		Monigo	u Jamas	21m		_
0.0		Signature c	or a member or authorized.	representative of a member	r	