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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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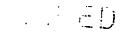
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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IEC	PERSICO	LLC		
SUBJEC	Г:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	-	
		THAMARA PEREZ		
			Name of Person  IATES INC  Firm/Company  E 111  Address  City/State and Zip Code  n ess: (to be used for future annual report notification) ase call: at (	
		TABADESA ASSOCIAT	ES INC	
			Firm/Company	
419 W 49 ST - SUITE 111				
		<u> </u>	Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		tammyp@tabadesa.com	The first control of the first	Girmina)
For furthe	er information c	n-mail address: (		uncation
	RA PEREZ		305 558-0622	
	Name o	of Person		me Telephone Number
Enclosed	is a check for t	he following amount:		
≣ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			ection
Division of Corporations		Division of Corporations		
	P.O. Box 632 Fallahassee, l			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG -2 PH 4: 32

PERSICO LLC		<u> </u>
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number <u>L21000460471</u>	Liability Company were filed on	10/22/2021 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	e designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our	records, enter the name of the new registered
Name of New Registered Agent:	TABADESA ASSOCIATES, II	NC
New Registered Office Address:	419 W 49 ST - SUITE 111	
-	Enter F	lorida street address
	HIALEAH	. Florida 33012
	City	Zip Code

## 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.

f 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

Title	<u>Name</u>	Address	Type of Action
MGR	SERGIO PRESAS	419 W 49 ST SUITE #111	
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Effective date, if	ther than the date of filing:	JLY 14, 2022	(optional)	
f an effective date is l	ted, the date must be specific and cannot	ot be prior to date of filing or more	than 90 days after filing.) Pursuant to	605.0207
locument's effective	erted in this block does not meet the date on the Department of State's	ne applicable statutory fitting re s records.	quirements, this date will not be	listed as
record specifies a	elayed effective date, but not an ef	Tective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day a	after the
d is filed.	$\Lambda$		•	
TIT V 14		22		
ated	203	-		
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Typed or printed name of signee