## L21000486383

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	<u>.                                    </u>
(Document Number)	
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A PROPERTY OF CHECK STATE OF CORPORATION

## **COVER LETTER**

TO: Registration So Division of Cor				
	PERTY TWO LLC		¥	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Camilo Espinosa			
	-	Name of Person		
	Loigica P.A.			
		Firm/Company	· · · · · · · ·	
	40th SW 13th Suite 102			1.
		Address		22 /
	Miami, Florida, 33130			22 AUG 11
	Catalina.beltran@loigica.co	City/State and Zip Code		22 AUG 11 AM 6: 49
		to be used for future annual report notific	cation)	6:
For further information of	concerning this matter, please c	all:		6.43
Catalina Beltran		786 292-9704 at ( )		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	atus &
Mailing Addres		Street Address: Registration Sect	ion	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

DMC	DD7	MEDT	Y TWC	117
1331	rĸv	112121	1 1 10 1	

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

	(A Florida Limited Lia	ibility Company)			
The Articles of Organization for this Limited L. Florida document number L21000486383	iability Company w	vere filed on 11/10/2021		and assig	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabili	ty company here:			
The new name must be distinguishable and contain the w	vords "Limited Liability	y Company," the designation	n "LLC" or the abbrevi	ation "L.l	C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			22_	€. -<
				AUG I	15 <u>1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:				7	\$3B
(Mailing address MAY BE A POST OFFICE	BOX)				<u> </u>
				<u>&amp;</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records,	enter the name of	the new i	registered
Name of New Registered Agent:	LOIGICA P.A.				
New Registered Office Address:	40th SW 13th SU	HTE 102			
New Registered Office Address.		Enter Florida street	address		<del>.</del>
	MIAMI		Florida 33130		
		City	, Florida	ip Code	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as pr registered office a	erformance of my dut ovided for i <mark>h</mark> Chapter	ies, and I am famin 605, F.S. Or, if th	liar with is docum	and ient is

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			22 Mangon G
			S
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	Dated	08/04 , 2022	
Baltacar M Mayol Calyo		Signature of a member or authorized representative of a member	
ICOLOGO AL AZOMALI SIVO		Deliver M Marrel Colors	

Filing Fee: \$25.00