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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	An
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2022 JUN -7 AM 6: 11

COVER LETTER

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TO: Registration Section
Division of Corporations

2022 JUN -7 AM 8: 03

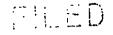
DEITO LL SUBJECT:	C		SECRETARY OF STATE
?	Name of Limited Li	ability Company	TALLAHASSEE, FL
The enclosed Articles of	Amendment and fee(s) are submitted	for filing	
Please return all correspo	ondence concerning this matter to the	following:	
	ALOY, ARMANDO		
		Name of Person	
	DEITO LLC		
		Firm Company	
	3901 S OCEAN DR 12p		
		Address	
	HOLLYWOOD, FL 33019		
	•	/State and Zip Code	
;	cebw13(a/hotmail.com E-mail address: (to be u	sed for future annual repo	rt notification)
For further information c	concerning this matter, please call:		
ALOY, ARMANDO		786 286-16	20
Name c	of Person	Area Code D	Paytime Telephone Number
Enclosed is a check for t	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 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



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	and assigned		
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)			
B. If amending the registered agent and/or registered office address on our records, enter to agent and/or the new registered office address here:	he name of the new registered		
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
;, Flo	, Florida		
City	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
MGR	SANTIAGO ALOY ERTEL	3901 S OCEAN DR STE 12P	. Add
:		HOLLYWOOD, FL 33019	□Remove
			[]Change
MGR JAQUELIN D. ALOY ERTEL	JAQUELIN D. ALOY ERTEL	3901 S OCEAN DR STE 12P	■Add
	HOLLYWOOD, FL 33019		
		Change	
		□Remove	
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(If an effi Note:	te date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.)7 (3)() is the
the recop- cord is fll	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
Dated	1AY 18 2022 ·	
	Vicuositas, 150	

Filing Fee: \$25.00

Typed or printed name of signee