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COVER LETTER

TO: Registration So Division of Cor			
	RAT EG LLC		
SUBJECT:	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:	
		JULIA GIL	
		Name of Person	
	KB CONSULTING CRE	W LLC	
		Firm-Company	
	1856 N NOB HILL RD ST	ΓE 137	
	***	Address	
	PLANTATION FL 33323		
		City/State and Zip Code	
	TAXES@KBCONSULTIN	IGCREW.COM to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	·	incanon;
JULIA GIL		954 6550980	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MOSTSERRAT EG LLC

2022 MAY 24 AM 10: 49

(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 11/30/2021 and assigned Florida document number L21000507751 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MONTSERRAT EG LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 the name of the new registered agent and/or the new registered office address here: N/Λ Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

Cin

N/A

, Florida N/A Zin Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	□ Add
			□Remove
			⊡Change
			□ Add
			□Remove
			⊡Change
			□ Add
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Typed or printed name of signee