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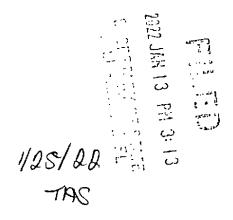
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COVER LETTER

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KATHERINE RIVERO Name of Person G2K LLC Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHERINE RIVERO 786 2038740	Division of Corpo	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KATHERINE RIVERO Name of Person G2K LLC Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM	CIMCA LLC	
Please return all correspondence concerning this matter to the following: KATHERINE RIVERO Name of Person G2K LLC Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM	UDJECT.	Name of Limited Liability Company
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Name of Person G2K LLC Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM	ease return all correspond	ig this matter to the following:
G2K LLC Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM		ë RIVERO
Firm/Company 2146 VAN BUREN STREET APT 404 Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM		Name of Person
Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM		
Address HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM		Firm/Company
HOLLYWOOD, FL 33020 City/State and Zip Code G2K2021SERVICE@GMAIL.COM		UREN STREET APT 404
City/State and Zip Code G2K2021SERVICE@GMAIL.COM		Address
G2K2021SERVICE@GMAIL.COM		DD, FL 33020
-		
For further information concerning this matter, please call: KATHERINE RIVERO 786 2038740		
KATHERINE RIVERO 786 2038740	or further information cor	itter, please call:
at ()	ATHERINE RIVERO	786 2038740 at ()
Name of Person Area Code Daytime Telephone Number	Name of I	Area Code Daytime Telephone Number
Enclosed is a check for the following amount: $C_{ij} = C_{ij} = C_{ij}$	nclosed is a check for the	unt:
■ \$25.00 Filing Fee S30.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	■ \$25.00 Filing Fee	e of Status Certified Copy Certificate of Status & Certific Copy Certified Copy

Mailing Address:

TO:

Registration Section

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

		of Branch
CIMCA LLC		The state of the s
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/07/2021	and assigned
Florida document number 1.21000517231		
This amendment is submitted to amend the following:		Fini D
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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.

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
AMBR	ERICK MARTINEZ		a Add
		2146 VAN BUREN ST APT 404, HOLLYWOOD F.	
		10833 NW 50TH STREET, SUNRISE, FL 33351	■Change
			🗆 Add
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Page 2 of 3

(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	u 01/10/2022.
	Signature of a member of a uthorized representative of a member
	Exick Mastinez. Typed or printed name of signee