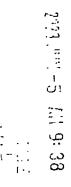


(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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08/08/23--81029--802 **25.66



COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp		•
SUBJE	:ст: <u>РДУС (</u> і	III Enterprise Name of L	imited Liability Company
The end	closed Articles of A	Amendment and fee(s) are s	ubmitted for filing.
Please	return all correspor	ndence concerning this matt	er to the following:
		Juno Cesa	Name of Person
		Adveliu E	OTELDTISE UC Firm/Company
		936 NW 15	Address
		- ,	City/State and Zip Code
For fur	ther information co	E-mail address	s: (to be used for future annual report notification)
<u>),</u>	Name of	Bell	at () 786 905 8066 Area Code Daytime Telephone Number
Enclose	ed is a check for the	e following amount:	
12/\$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section
	Division of Co		Division of Corporations
	P.O. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		က်
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC		1 1 00 00 00 00 00 00 00 00 00 00 00 00
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>er</u>	
Name of New Registered Agent:	Julio Cesar Bell	I
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida
	City	Florida 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

Title	Name	Address	Type of Action
MGL	Diga LUCIU Galleyo Berdel	<u> </u>	□Add
		161 Cramon Bivd. Ray Bislayne F1 331	<u>≪</u> ⊠Remove
			Change
MGR	Maria Doniera Herrandez		□Add
		1201 N DOVE MODILY HAY UTIT 1308 Tampa FL 33618	XIRemove
			□Change
			□Add
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Filing Fee: \$25.00