Division of Corporations

→ 18506176383



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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

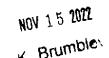
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA COMETA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA COMETA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000525633</u>	were filed on 12/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	iity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	previation "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 agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	
Name of New Registered Agent:		ree to comply with the familiar with and, if this document is
New Registered Office Address:		当 子 直接語
New Negliteing Office Printers.	Enter Florida street address	D PR 2
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	amiliar with and if this document 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>	Name	Address	Type of Action
MGR	MARYBEL INTRIAGO MOREIRA	2100 PONCE DE LEON BLVD, SUITE 850	&]Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			DAdd
		<u> </u>	
			OChange
			□Add
			Remove
		<u></u>	[] Change
			DAdd
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			Remove
			

_____ Change

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Ashley Perkins, Attorney-in-Fact Typed or printed name of signee