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A. BUTLER FEB 1 1 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations	*,			
TOVARDE	ENT LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JAVIER GUZMAN VELA	ASCO			
	<u></u>	Name of Person			
	TOVARDENTILC				
		Firm/Company			
	19370 COLLINS AVE 10	14			
		Address			
	SUNNY ISLES BEACH.	FL 33160			
		City/State and Zip Code			
	USTUEMPRESA@GMAII E-mail address: (COM to be used for future annual report to	ofification)		
For further information c	oncerning this matter, please c				
JAVIER GUZMAN VEI	.ASCO	786 340-0372			
Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is a check for t	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration	Section	Street Address: Registration S			
Division of C P.O. Box 632	•	Division of C The Centre of	•		
Tallahassee.		2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOVARDENT LLC			-6-6	., i.,
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited I		were filed on $\frac{12/14}{}$	/2021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:	:	
NA				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		
3. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our reco	ords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
		Enter Florida street address		
	NA		Florida 🖰	√A
		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	WILFREDO TOVAR	19370 COLLINS AVE. 1014	
		19370 COLLINS AVE. 1014	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			Change
NA	NA	NA	□Add
			□Remove
		 	□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	N'A	NA	🗀 Add
			□Remove
			TTC harvas

Page 2 of 3

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