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## **COVER LETTER**

TO:

Registration Section Division of Corporations

GUTIERR SUBJECT:	EZ FRANCO INGENIERIA 1	J.C	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CLAUDIA P FRANCO N	MORA	
		Name of Person	· · · · ·
	GUTIERREZ FRANCO I	INGENIERIA, LLC	
		Firm/Company	
	8645 SW 126 TERRACE		
		Address	<del></del>
	MIAME PL 33156		
		City/State and Zip Code	
	lgutierrez@dime -ingenier		<u> </u>
	E-mail address:	(to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	call:	
BEATRIZ E HERNANI	DEZ	305 9273038	
Name c	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount		
□ \$25.00 Filing Fee	S30,00 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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, Fl	rporations Fallahassec oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GUTIERREZ FRANCO INGENIERIA LLO (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on DECEMBER 14, 2021 and assigned Florida document number L2100052740B This amendment is submitted to amend the following: A. If amending name, enter the new hame of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A \$TREET 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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>	<u>Address</u>	Type of Action
AMBR	NICOLAS GUTIERREZ FRANCO	8645 SW 126 TERRACE	<b>≅</b> Add
		MIAMI, FL 33156	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
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		·	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change

. II amei	iding any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del> -		
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Effectiv If an effec	e date, if other than the dat tive date is listed, the date must be	e of filing:
Note: 11	the date inserted in this block at selfective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as
ne record ord is filed		te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	OCTOBER 06	2023
i./aicu	01 (1)	`
	L'audia Kon	10 M.
	\ \ \ \ Sign	ature of a member or authorized representative of a member
	CLAUDIA P FRANCO MO	
		Typed or printed name of signee

Filing Fee: \$25.00