L22000021327

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DIVISION OF CORPORATION

72 APR 29 AM 9: 09

T. MATTHEWS
JUN 2 1 2022

COVER LETTER

TO: Registration Se Division of Cor				
			* •	
DRECCOS SUBJECT:			•	
	. Name of Liu	nted Liability Company		
The continued Aminton of	· • · · · · · · · · · · · · · · · · · ·	in ad for film.		
The chelosed Articles of	Amendment and fee(s) are sub	onuted for imag		
Please return all correspondence	ondence concerning this matter	to the following.		
	BRAULIO SANCHEZ			
÷	· •	Name of Person		
	DRECCOS LLC			
		Firm/Company		
	COANDUCT DO AD			
	604 WRUST ROAD		<u> </u>	
		Address		
	OCOEE, FL 34761			
		City/State and Zip Code		
	BRAULIO@DRECCOS.C	OM		
	E-mail address (to be used for future annual report no	diffication)	
For further information of	oncerning this matter, please o	att:		
BRAULIO SANCHEZ		201 234-7884		
	of Person	at ()Dayti	77.1 1 21	
; same (of PCF-OH	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee &		2 \$60,00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
<u>Mailing Addre</u>		Cemus Addmi		
Registration:		Street Address: Registration Section		
Division of C	Corporations	Division of Corporations		
P O Box 632			The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 29 AM 9: 09

DRECCOS LLC			
(Name of the Lin	nited Liability Compa (A Florida Limited	any as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number 1.22000021327		were filed on 01/04/	2022 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
- #			
The new name must be distinguishable and contain the	words "Limited Liabi	dity Company," the desig	nation "LLC" or the abbreviation [1,4,4]."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		66 W FLAGER STREET SUITE 900	
		MIAMI, 17, 33130	
		66 W FLAGER STI	REET SCITE 900
Enter new mailing address, if applicable:	r navs	MIAMI, FL 33130	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent	registered office : ess here: SEBASTIAN S		rds, enter the name of the new registe
	604 WEST RO	AD	
New Registered Office Address:		Enter Florida's	treet address
	OCOFE		. Florida 34761
		Cin	, Florida 34761 ZgcCode
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my	duties, and I am familiar with and

If Changing Registered Agent,

being filed to merely reflect a change in the registered office address. I hereby confined by the lightly

company has been notified in writing of this change.

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
VGR	SEBASTIAN SIMANCAS	604 WEST ROAD	≣ Add
		OCOEE, FL 34761	□Remove
			(JChange
· · ·	· E	•	ŬAdd
			⊡ Remove
			□ Пепюче
			□Change
			□Add
			CRemove
			□Change
			□Add
			⊒ Reпюче
			□Change
			⊆Add
			<u>Г</u> . Кетюче
			ElChanna

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	•
	5'
	
<u> </u>	
Note: If th	late, if other than the date of filing:
record spo d is filed	recifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	APRIL 12 2022 July 12
	Signature of a member or authorized representative of a member Signature of a member of authorized representative of a member Signature of a member of authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00