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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pich	AYAU NUN-CZ Name of Lim	CONSULTANT GYO	UP LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ivan pich	Name of Person	<u>.</u>
	Pichardo Nu	OTZ. COSILLONA 9 Firm/Company	YRPILC
	4300 N. Un	IVEYITY ATIVE S	WH F-100 # 1021
	Lauderhi	City/State and Zip Code	
	E-mail address: (PNOCUL BOMAL to be used for future annual report noti	I. COM
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (267) 709 Area Code Daytim	5460 e Telephone Number
Enclosed is a check for th	e 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pichardo Nunez (DNIU) † O (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22.00039007</u> .	were filed on $01 20 202$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4300 N. University drive
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill, FL 33351
Enter new mailing address, if applicable:	4300 N. University drive
(Mailing address MAY BE A POST OFFICE BOX) SUITE F- 100 # 1021	
	Laudenhill FL 33351
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Factor Control of the
130 W Augusteica Office Address.	Enter Florida street address
	Florida
	City Tin Coyle

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 in comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I are 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 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	<u>Address</u>	Type of Action
AMBR	ASMICY Marie Wolfe	7120 NW 74Th Street	DAGO
		SUNYIST, FL 33313	□Remove
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change

(If an ef Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 2ng . 2022.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee