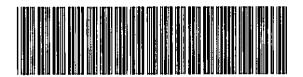
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## **COVER LETTER**

TO: Registration ! Division of Co	Section orporations		•
CI:II II' C'I'	ALCAZAR LEC		•
SUBJECT:	Name of Li	mited Liability Company	<u> </u>
The enclosed Articles o	l'Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	OSCAR JUSTO		
		Name of Person	•
	JUSTO & ALCAZAR I.I.	.C	
	<del></del>	Firm/Company	
	3670 ARIA DRIVE		
		Address	
	MELBOURNE FL 3290	4	
		City/State and Zip Code	
	justo.oscar@yahoo.com		
For further information of	r-mail address: ( concerning this matter, please c	to be used for future annual report not	itication)
Oscar Justo		321 271 6331	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 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**

1 20 22 mil 95 m

JUSTO & ALCAZAR LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 01/27/2022 and assigned
Florida document number L22000048961	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "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 address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
<del>_</del>	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

## N

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

Title	<u>Name</u>	Address	Type of Action
AMBR	LUIS JUSTO	3670 ARIA DRIVE	□Add
		MELBOURNE FL 32904	
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Remove
			□Change
		<del></del>	□Add
			□Change

ocument's effective date on the Department of State's records.	NONE						
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