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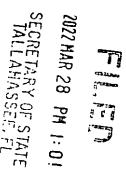
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
, J 4	Name of Limited	13 1		<i>;</i>	
SUBJECT:	Name of Limited	Liability Company		<del></del>	
				·	
The enclosed Articles of Amendment	and fee(s) are submitte	ed for filing.			
Please return all correspondence con-	-				
	Sebast	Name of Person	112900	<del>~</del>	
	<u>Suwg143</u>	S TOU	15 L		
		N <sub>W</sub>			
	Plantate	n FL	3331		
	Ć.	ity'State and Zip Co	de		
	E-mail address; (to be	used for future annu	ual report notifier	ntion)	
For further information concerning the					
Sebustian All Name of Person	[640667	954,	557	4394	
Name of Person		Area Code	Daytime T	elephone Number	
Enclosed is a check for the following	amount:				
	0 Filing Fee & lificate of Status	[] \$55.00 Filing Fo Certified Copy tadditional copy is		LI \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is inclosed)	
Mailing Address:  Powietration Section		***	(Address: stration Secti	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

	2022 MAR 28 PM 1: 0!
STIMICYTOS	- Tarve II Com 20 FA I: UI
(Name of the Kimited Liab (A Flor	illity Company as it now appears on our records TARY OF STATE ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L 22 0000	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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
MBR	Mauricio Chaior	s same as buinesi	
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			TChange
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Note: 1	re date, if other than the date of filing:  3 10 22 (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the off's effective date on the Department of State's records.
	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
ne record and is file	G.
ad is file	
ord is file	

Filing Fee: \$25.00