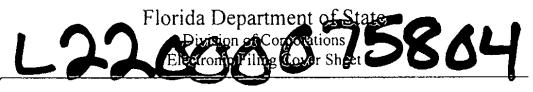
4/21/22, 11:31 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADRIAN TAX SERVICES INC.

Account Number : 120220000042 : (786)370-2432 Phone Fax Number : (305)266-5758

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address: ____ vigovigocpa@aol.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUEDSA TOV			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	02/15/2022	and assigned
Florida document numberL22000075804			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	œ:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the de	signation "LLC" or the abb	reviation "L.1C."
Enter new principal offices address, if applicable:		10001 SW 38TH T	ER
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 3316	2022
		·	<u>> 2 → 2 → 2 → 2 → 2 → 2 → 2 → 2 → 2 → 2 </u>
Enter new mailing address, if applicable:		10001 SW 38TH T	ER TIL
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 3316	5 글로 다 다
			3: 42
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	PAULIN	IO RODRIGUEZ	
New Registered Office Address:	10001 SW 38TH TER		
	Enter Flori	da street addr e ss	
	MIAMI	, Florida	33165
	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 Changing Registered Agent, Signature of New Registered Agent

(((H22000144632 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000144632 3)))

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	<u>Address</u>	Type of Action
AMBR	EDGAR E SUAREZ CURBE	5501 NW 174 DR	O _{Add}
		MIAMI GARDENS, FL 33055	ORen
			O _{Cha}
AMBR	PAULINO RODRIGUEZ	10001 SW 38TH TER	O Add
		MIAMI, FL 33165	ORem
			OAdd
		O _{Ren}	
			OCha
		Oadd	
			O _{Rer}
			Octio
		OAdo	
			Ocha
			OAd
			O_Cha

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•	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u></u>	
	
an effective lote: If the	ate, if other than the date of filing:
record spec I is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	APRIL 21ST,
	Signature of a member or authorized representative of a member
	Signature of a memori of authorized epresentative of a memori
	PAULINO RODRIGUEZ