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2022 APR 18 PM 12: 17
SECRETARY OF STATE
TALL AHASSEE, FL

O SIMMONS APR 1 8 2022

COVER LETTER

10.	Division of Corp			ķ	. •	•	
SUBJE	ст:	3 G /	Maso I Natine of Limited	d Liability Company	Ç.,		
The enc	losed Articles of A	amendment and fe	e(s) are submi	tted for filing.			
Please r	eturn all correspon	dence concerning	this matter to	the following:			
		<u> Suli</u>	211	Rame of Person	ul-T-		_
				Firm/Company	,		_
		1547	SPO	Address	RD_	· · · · · · · · · · · · · · · · · · ·	_
		Tallah	assl.	City/State and Zip C	32305	-	_
		rodrig:	ail address: (to	be used for future ar	g mail - C	com tion)	
For furtl	her information co	ncerning this matt	er, please call				
	Sulto Name of	Rodrig o	JEZ_	at (<u>850</u> Area Code) 570 Daytime Te	<u> 81 66</u> elephone Numb	eer
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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 | LED TO ARTICLES OF ORGANIZETAPN 18 PH 12: 17 OF

	SECRETARY OF STATE
(Name of the Limited Liability Company as it (A Florida Limited Liability	TALLAHASSEE, FL now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were formula document number 42200096597	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability control of the limited liability control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the limited liabilit	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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 agent and/or the new registered office address here:	ss 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

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

Zip Code

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
			🗀 Add
			□Remove
			□Add
			Remove
			□Change
	<u></u>		□ Add
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			_Remove
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			□ Change

. It ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If	date, if other than the date of filing: (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of the Department of State's records.
the record s cord is filed	pecifies 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	4-18 2022
	Signature of a member or authorized representative of a member
	Julio Rodriguet Typed of printed name of signee

Filing Fee: \$25.00