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DIVISION OF CORPORATION

T. **MATTHEWS**APR 1 8 2022

COVER LETTER

то:	Registration Se Division of Cor		٠	
	¥.	" Alija	110.	•
SUBJE	ECT:	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ited Liability Company	
		g Name of Lim	ited Gaonty Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		<u> </u>	Kel Rojas Name of Person	
		Aiii	e LLC Firm/Company	
		7412 Ch	ampagne PL Address	
		BocaR	aton/Florida 3	3433
		Dr. Shma)	Kel @ 9mail.Com to be used for future annual report notif	ication)
For fur	her information c	oncerning this matter, please ca	all:	
		}		
Axel	<u> Rojas</u>		at (561) 921	7844
	Name o	f Person	Area Code Daytime	Telephone Number
		r		
Enclose	ed is a check for the	ne following amount:		
X \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT.

TO FILED ARTICLES OF ORGANIZATION CRETARY OF STATE OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on Mag	-ch o4 2022 and assigned
Florida document number L22000112381		
This amendment is submitted to amend the following:		
A. If amending name, entér the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
;	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
4		. <u>. </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our recor	
;		Florida
<u>-</u>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
<u>!</u>		
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	Axel Rosas	7412 Champagne PL	□Add
	7	Boca Raton, FL 334	33 □Remove
	÷ ţ		A Change
MGR	Axel, Rosas	7412 Champagne PL	XAdd
	<u>.</u>	Boca Raton, FL 33433	□Remove
			□Change
			□Add
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<u>lote:</u> If the date inso	ther than the date of filing:
record specifies a do I is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated Marc	h 21st 2022
	1× p
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

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