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ALL CHACSEE, FLORIDA

SEP 2 6 2022 **S. PRATHER**

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ADELFO ROQUE		
	<u> </u>	Name of Person	
	BJECT: HUELLAS LLC		
	Division of Corporations HUELLAS LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: ADELFO ROQUE Name of Person CAPITAL ACCOUNTS INC Firm/Company 1500 NW 89TH CT STE 121 Address DORAL, FL 33172 City/State and Zip Code aroque@capitalaccounts.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: DELFO ROQUE Name of Person Area Code Daytime Telephone Number Telephone Number Area Code Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section		
		Address	
	DORAL, FL 33172		
		City/State and Zip Code	
For further information c			ouncation)
	ones, promo		
		at ()	Tr. (- 1 No. 1
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
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		The Centre of	f Tallahassee
Tallahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUELLAS LLC (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 Company were filed on MARCH 14, 2022 Florida document number L22000127287 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUELLAS 3100 PARKWAY BLVD 740 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3100 PARKWAY BLVD Enter new principal offices address, if applicable: APT 740 (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL 34747 PO BOX 527803 Enter new mailing address, if applicable: MIAMI, FL 33152-7803 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: CAPITAL ACCOUNTS, INC. Name of New Registered Agent: 1500 NW 89TH CT STE 121 New Registered Office Address: Enter Florida street address , Florida 33172
Zip Code DORAL City

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

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>	<u>Address</u>	Type of Action
MGR	RENZO ROSA CASTILLO	3100 PARKWAY BLVD APT 742	■Add
		KISSIMMEE, FL 34747	□Remove
			□Change
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Filing Fee: \$25.00