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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	C LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	NATAL	Name of Person	
	NATALI	RECALDE LL Firm/Company	<u>C</u>
	554 Floo	wer Fields L	<u>-n</u>
	Oxlando	F.L. 3282 City/State and Zip Code	4
		City/State and Zip Code Calde Valvo-Co be used for future annual report notifications.	
For further information co	ncerning this matter, please ca	11:	
Natali Name of	Person	at (<u>321</u>) <u>276-</u> Area Code Daytime	8847 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 PM 1: 26 NATALI RECALDE (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 312912022 and assigned Florida document number <u>L2200</u>0 153517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) smec 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Natali Accalde Name of New Registered Agent: New Registered Office Address: Orlando F.C. . Florida 32824

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>	Address	Type of Action
Mo.	Natali Recolde	554 Flower Fields Ln	tb/Add
		Orlando, F.L. 32824	Remove
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		Signature of a	1 member or	authorized re	presentative of	of a member			•