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TALLAHÄSSEE, TLORIDA

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OCT 6 2022 S. PRATHER

COVER LETTER

TO:

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		Privana	110	
Please return all correspondence concerning this matter to the following:	SUBJECT:	Name of Limi	ted Liability Company	_
Division of Corporations UBJECT: POUCOR LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: TOA COVES				
	rease return an correspo	macrice concerning and macrice		
			TOA COVIES	
SUBJECT: POUCOR LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TOA C OVES Name of Person TOA C OVES TOA C OVES Name of Person TOA C OVES TOA C OVES TOA C OVES TOA C OVES Area Code Senation address: (to be used for future annual report notitication) For further information concerning this matter, please call: TOA C OVES Name of Person TOA C OVES Na				
Firm/Company		IO1	A C OVIES CPA PA	for filing. following: A C OV/ES Name of Person C OV/ES CPA PA Firm/Company VW 8Q DNE #3/4 Address AL FL 33/66 //State and Zip Code //O ida Ov/es. Com sed for future annual report notification) at (305) 477 5798 Area Code Daytime Telephone Number S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
			Firm/Company	
3785 NW 82 RUE #-314		Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: TOA C OVES CFA PA		
SUBJECT: POUCOR LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
DORAL F 33166		7	DRAI F 33166	
City/State and Zip Code			City/State and Zip Code	
ieidaovies. Com			icidaovies.com	
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TOA C OVIES at (305) 477 5798	JOA C	TOA C OV/E3 Name of Person TOA C OV/E3 CPA PA Firm/Company 3785 NW 82 AVE #-314 Address DORAL FL 33/66 City/State and Zip Code i@ida Ov/e5. Com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: OA C OV/E3 Name of Person at (205) 477 5798 Daytime Telephone Number check for the following amount: ling Fee		
Name of Person Area Code Daytime Telephone Number	Name o	f Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for the following amount:	Enclosed is a check for t	he following amount:		
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	☑ \$25.00 Filing Fee		Certified Copy Cert (additional copy is enclosed) Cert	tificate of Status & tified Copy
Division of Corporations Division of Corporations	-		Division of Corporations	
				ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UCOR 1L	C		1222
(Name of the Limited Liability (A Florida	y Company as it no Limited Liability C	ow appears on o ompany)	ur records.)	JUL TO
The Articles of Organization for this Limited Liability Co		ed on		2022 JUL 14 PH 2: 57 ALL ALLESSES FLORID
This amendment is submitted to amend the following:				TAILS GRIDE
A. If amending name, enter the new name of the limit	ted liability con	npany here:		,
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR			tion "LLC" or the al	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3	785 NW ORAL F	82 AVE 2 33166	#314
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address	on our record	ls, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	IDA (2 OVIES		
New Registered Office Address:	378 <u>5</u> 1	lW 82 <u>K</u> Enter Florida st	NE #314 reet address	
	DORA City	<u>z</u>	, Florida	<u>33166</u> 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

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
<u>MRG</u>	CORTESE, CARLOS AUGUSTO	1750 N. BAYDR #2521	□Add
	nuew 10	SUNNY 18LES FZ 33160	
			Change
MGR	CORTESE CEBRIAN, GABRIEL	17150 N. BAY DR #2521	□Add
	OH DICE.	SUNNY ISLES FZ 33160	DRemove
			Change
MGR COI	CORTESE CEBRIAN, MARTIN	1750 N. BAY DR #2521	□Add
	MARCINA	SUNNY ISLES FL 33160) ERemove
			Change
			□Add
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			Change

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If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cumous be prior to date of filing or more than 90 days ofter filing.) Pursuant to Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cartier of: (b) The 90th day cord is filed. Dated	_	
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		(optional) 1 be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) e applicable statutory filing requirements, this date will not be listed as the records. Sective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
-		Pursuant to 605.0207 (3)(b) will not be listed as the see 90th day after the PH 2:
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If an effective d Note: If the o	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	605.0207 (3)(b isted as the
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	j
		יור נמני
Dated	JULY 9 2022.	
	Mich S. C.L. But	
_	Signature of a member or authorized representative of a member	- '('

_	MIRTAS CEBRIAN BERMUDEZ	

Filing Fee: \$25.00