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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078 Phone : (352)223-3911 Fax Number : (863)318-8218

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: esme.shanks@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OQUENDO FERIAS MUNDIAL ENTERTAINMENT LLC

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## ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records)	
(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 04/05/2022	and assigned
Florida document number L22000162268	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	c 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)	
3. If amending the registered agent and/or registered office address on our records, enter the negent and/or the new registered office address here:	ame of the new regist
gene major the new registered office sources here.	72 H
Name - CN level Parkers of Array	A A
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	P (D)
Enter Florida street address	2
, Florida	
Clty	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 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	<u>Address</u>	Type of Action
AMBR	MARIANA P MARTINEZ TORRI	6671 NW 107TH CT	≣Add
		DORAL, FL 33178	□ Remove
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Change
			□Remove
			□Change
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			Remove
			DChange

N/A				
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	<del></del>		<u> </u>	
				<del></del> -
	05/17/	2022		
fective date, if other than the n effective date is listed, the date mus	date of filing:	prior to date of filin	z or more than 90 days o	ptional) after filing.) Pursuant to 605.0
te: If the date inserted in this blo	ock does not meet the a	pplicable statutor	filing requirements.	this date will not be listed
cument's effective date on the De	epartment of State's rec	ords.		
coord specifies a delayed effectiv	e date, but not an effect	ive time, at 12:01	a.m. on the earlier of	it (b) The 90th day after t
is filed.				
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nted MAY, 17	. 2022	·		
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	Signature of a member of	ruendo	tative of a member	
	Signature of a member of	antiidi wad tabiese	reacte to an a memore	