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S. ROBERTS
MAY 1 3 2023

COVER LETTER

	Registration Se Division of Cor			•	
SHID IFC		la Tierra, LLC			
SUBJEC	.1;	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Miriam Paulette Arboleda			
			Name of Person		
		Women de la Tierra, LLC			
			Firm/Company		
		2212 S Chickasaw Trail Pi	MB 427		
			Address		
		Orlando, FL 32825			
			City/State and Zip Code		
		paulettearboleda07@gmail.			
		E-mail address: (to be used for future annual report no	tification)	
For furthe	er information c	oncerning this matter, please c	all:		
Miriam P	aulette Arboled	a	407 705-7577 at ()		
	Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed	is a check for t	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 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 Addres		Street Address:		
	Registration S Division of C		Registration Se Division of Co		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Women de la Tierra, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on April 06, 2022	and assigned
forida document number 1.22000165617		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
mbracing Humanity, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applicable:	1928 Proctor Ave	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	2212 S Chickasaw Trail PMB 427	2023
Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl. 32825	
		2.3
. If amending the registered agent and/or registered office	address on our records, <u>enter the nan</u>	ie of the new regis
gent and/or the new registered office address here:		· сл Ш
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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Signature of a member or authorized representative of a member	nted March 22					
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		Signature of a member of	or authorized repr	resentative of a men	iber	_
		Typedi	or printed name o	l'siance		

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