## 422000167533

(Re	equestor's Name)	
(Ac	ldress)	
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Con			
	E SIX LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ROXANA DIAZ		
		Name of Person	
	CORPAG REGISTERED	AGENTS (USA), INC.	
	<del></del>	Firm/Company	<del> </del>
	999 BRICKELL AVE, SU	ITE 820	<b>.</b>
		Address	22
	MIAMI, FL 33131		22 AUG 17 PH 2: 29
		City/State and Zip Code	7
	MIASERVICES@CORPA	G.COM	P 3*
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	,39
ROXANA DIAZ		305 358-7872	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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 : Division of C		Registration Se Division of Co	
P.O. Box 632	· · · · · · · · · · · · · · · · · · ·	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000167533	were filed on 04/07/2022	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hore:		
The first the first of the first the first of the first ten indices into	mry company nere.		
	-	r the abbreviation "L.L.C	- · ·
The new name must be distinguishable and contain the words "Limited Liabi	-	r the abbreviation "L.L.C	33
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ity Company," the designation "LLC" o	or the abbreviation "L.L.C	J." ≪ Com
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ity Company," the designation "LLC" o	—— <del></del>	2." 2." 2." 2."
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ity Company," the designation "LLC" o 999 BRICKELL AVE SUITE 820	—— <del></del>	2 19 K0 State
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" o 999 BRICKELL AVE SUITE 820	—— <del></del>	NASSAM BECOME
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" of 999 BRICKELL AVE SUITE 820 MIAMI, FL 33131	22 AUG 17 P	SIMISON OF CO

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:

Name of New Registered Agent:	CORPAG REGISTERED	AGENTS (USA), INC.
New Registered Office Address:	999 BRICKELL AVE, SUITE 820	
	E	nter Florida street address
	MIAMI	, <b>Florida</b> <sup>33131</sup>
	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change ATTOUR OF C
			□ fte move
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	22 }
	AUG
	P#
NAMES OF THE STATE OF STATE AND STATE OF STATE O	
	<u> </u>
E. Effective date, if other than the date of fill (If an effective date is listed, the date must be specific at Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) to meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but re scord is filed.	oot an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated JULY 5TH	- 2022 / · · · · · · · · · · · · · · · · · ·
Signature of	a member or authorized appresentative of a member
DIONISIO J GARCIA FLUXA	
	Typed or printed name of signee