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T. MATTHEWS

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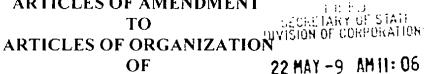
	Registration Se Division of Cor			
CHD IEC		CONDO LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	***************************************
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Maria A. Agudelo Montoy	va	
			Name of Person	
		CENTRO CONDO LLC		
			Firm/Company	
		3300 NE 192 ST #409		ort notification)
			Name of Person OO LLC Firm/Company #409 Address City/State and Zip Code mail.com address: (to be used for future annual report notification) please call: at (305	
		AVENTURA, FL 33 180		
		• • •	City/State and Zip Code	
		centrocondo1@gmail.com	to be a second and a	art Hand San V
For furthe	er information c	oncerning this matter, please c	·	orneation
Maria A Agudelo Montoya				
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	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 Registration 5		Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT



CENTRO CONDO LLC

(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 April 12, 2022 and assigned Florida document number _1.22000175616 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) 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: Name of New Registered Agent: 3300 NE 192 St. #409 New Registered Office Address: Enter Florida street address , Florida 33180 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.

Aventura

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
MGR	Maria Alba Agudelo Montoya	3300 NE 192 St, #409	■Add
		Aventura, FL, 33180	Remove
			□Change
MGR	Juan G. Madrigal Escudero	192nd St, #409	□Add
		Aventura, FL 33180	≣Remove
			□Change
MGR	Sara Cardona	3300 NE 192 St. #409	\exists Add
		Aventura, FL 33180	□Remove
			Change
MGR	Juan G. Madrigal Escudero	3300 NE 192 St, #409	≣∧dd
		Aventura, FL 33180	□Remove
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