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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	ldings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
	Amendment and fee(s) are sub		
	Camila P Martinez Salellas	s	Filing Fee, icate of Status & led Copy
		Name of Person	_
		Firm/Company	
	2134 Van Buren St. Apt. 3	06	
		Address	_
	Hollywood, FL 33020		
		City/State and Zip Code	_
	cpm.salellas@gmail.com		_
	E-mail address: (	to be used for future annual report notification)	
For further information of	oncerning this matter, please c	all:	
Camila P Martinez Salellas		954 849-5197 at ()	
Name o	f Person	Area Code Daytime Telephone Num	.ber
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, Ticate of Status & Tied Copy Onal copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	c 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Salellas Holdings, I.I.C	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 04/21/2022 and assigned
Florida document number L22000191813	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
Salellas Enterprises, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation \$L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	 ω
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· <del>-</del>
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Code

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
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			□ Remove
			□Change
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing obte:  If the date inserted in this block does not meet the applicable statutory fixeument's effective date on the Department of State's records.	r more than 90 days after t	filing.) Pursua	nt to 605.0 t be listed
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a	.m. on the	e earlie
ated May 12th 3022			
Candolada			
Signature of a member or authorized representat	ive of a member		
Camila P Martinez Salellas			

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Filing Fee: \$25.00