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## \* COVER LETTER

TO: Reg Div	gistration Secti vision of Corpo	on rations			
		ES FILETI LLC			
SUBJECT:					
The enclose	d Articles of Ar	nendment and fee(s) are submi	tted for filing.		
Please retur	n all correspond	dence concerning this matter to	the following:		
		CARLOS ALFONSO FILET	1		
			Name of Person		
		INVERSIONES FILETI LLO	C		
			Firm/Company		
		122 RIVERWALK CIR			
			Address		
		SUNRISE FL 33326			
			City/State and Zip Code		
		alfonsofileti@gmail.com	be used for future annual report notifica	ition)	
For further	information co	neerning this matter, please cal			
JORGE R	ODRIGUEZ		786 320-1391	elephone Number	
	Name of	Person	Area Code Daytime T	elephone Number	
Enclosed i	s a check for the	e following amount:			
<b>≡</b> \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee FI 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES FILETI LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L22000199704	were filed on 04/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		73 6
		SEE P
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		F. STEER
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floi	ida
<del> </del>	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, 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
AMBR	CARLOS ALFONSO FILETI	122 RIVERWALK CIR	
		SUNRISE FL 33326	□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		<del>.</del>	
			□ Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	plock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
e record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
	2022	
Dated MAY 25	Signature of a member or authorized represent	
d is filed.		i.m. on the earlier of: (b) The 90th day after the