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THE STATE

COVER LETTER

TO: Registration Division of C			
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SUBJECT:			 .
SUBJECT: GRUPO TLC LLC Name of Limited Liability Company			
Please return all corres	pondence concerning this matter	to the following:	
	VALERY A URUETA		
		Name of Person	
	GRUPO TLC LLC		
		Firm/Company	
	19370 COLLINS AVE AI	T 1014	
		Address	
	SUNNY ISLES BEACH,	FL 33160	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
VALERY A URUETA			
Name	of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Division of	Corporations		S
P.O. Box 63		The Centre of Tallahass	
Tallahassee.	. rt. 32314	2415 N. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO TLC LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 05/07/2022	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STREE	ET ADDRESS)		
		NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		IVA	72
			2 <u>2 </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the n</u>	71 -
Name of New Registered Agent:	NA		8: 33 8: TATE
New Registered Office Address:	NA		
Neglitica Office Flatticis.	•	Enter Florida street address	
	NA	Florido	NA

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.

City

Zip Code

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
MGR	VALERY A URUETA	19370 COLLINS AVE APT 1014	□Add
		SUNNY ISLES BEACH, FL 33160	■Remove
			□ Change
AMBR	MBR KATTY SEQUEDA	19370 COLLINS AVE APT 1014	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
AMBR	ANAIS SEQUEDA	19370 COLLINS AVE APT 1014	= Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA		□Add
			□Remove
			□ Changu

NA				
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an effective date is listed, the date must be	e specific and cannot be prio	r to date of filing or mor		
(ote: If the date inserted in this block ocument's effective date on the Depa			requirements, this date	will not be listed as
bedinent serieetive date on the Dept	attricte of State 5 record.			
managed amount on a delegand attraction of	ota hut aat an affaatius	ima et 12:01 e.m. en	the continue of the Th	200th day after the
record specifies a delayed effective d Lis filed.	ate, but not an effective	anie, at 12.01 a.m. on	the earner or. (b)	e 90th day after the
ated AUGUST 23TH	2022			
	·	<u> </u>		
	Vale	ru Urueta		
Si	gnature of a member or aut	wized representative o	'a member	
VALERY A URUETA				