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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COMO PUMBITA ON DANCEONITS
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marco Colonno
Clonal Perun
Firm/Company
115 Nay Vict De
Scin Viva + 3577
COMO MAS SOLVE COMO CON Eleman address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (17) Area Code Daytime Telephone Number
Name of Form
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address: Registration Section Division of Corporations The Centre of Tallanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 5 Florida document number 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 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: New Registered Office Address: Enter Florida street address City 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 Type of Action Title Address Name 37/12 MER Ariel De las Santos 4156 PINOSIA □Remove Change AMBR Kevin Bahadur 3332 Atmore Tox Remove □Change □Add □Remove □Change □Add _____ ©Remove _ Change □Add Remove _ Change □Add _ □Remove __ 🖾 Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional shaets, if neces	(sary.)
	
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	al) ing.) Pursuant to 605,0207 (2 ite will not be listed as tit
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.n b) The 90th day after the record is filed.	n, on the earlier of:
Dated 999000 Signature of a member or authorized representative of a member	
Namo Chan Lyped or printed name of signee	

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Filing Fee: \$25.00