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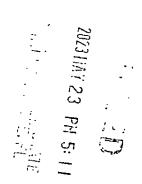
| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|---|--|--|
| SUBJECT: | Odesta Mame of Line | CITIVETING AC | jency LLC | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Alejandra | Mondrago Name of Person | <u>^</u> | |
| | Modesta | Marketing Age Firm/Company | ency LLC | |
| | WN PGF | and St, Apt 8 | 333 | |
| | Miami, | ELOVIA 3316 City/State and Zip Code | 9 E | |
| | Modesta Mark E-mail address: (| eting agency @ sto be used for future annual report notif | Imail Com | |
| For further information c | oncerning this matter, please ca | all: | | |
| Alejandra Name o | Mondragan FPerson | at (786) Oaytime | - 7 593 e Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| \$25.00 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 Address: Registration Section | | <u>Street Address:</u> Registration Sec | ction | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 632 | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |
| Tallahassee, FL 32314 | | Z410 IV. MODIO | c succi, suite orv | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAY 23 PM 5: 11 The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 22000257880 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: New Registered Office Address: Enter Florida street address

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|----------------|
| <u>AMBR</u> | Alejandra Mandragan | 729 NW 2nd st, Apt 833 | DAdd |
| | | Miami, FL 33128 | □Remove |
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| D. If amend | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: If | e date, if other than the date of filing: |
| If the record : record is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated _ | 5/17/23 |
| | Signature of a member or authorized representative of a member |
| | Alejandra Mandragan Typed or printed name of signee |

Filing Fee: \$25.00