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(Re	questor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp	orations	0 (10	
SUBJECT:	Demens C	LARS LAC	
	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Roberto	Luis Sem	RENA
	DEM	Name of Person ENA CAKS Firm/Company W 129 AUR Address	LLC
		Firm/Company	
	4421 S	w 129 AUR	
	Minmi	C/A 33/75	<u> </u>
	Roberto_ E-mail address: (1	City/State and Zip Code demena & Yahu to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
· ·	Demena	at 786, 503	-5/5/
Name o	i Person		Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DEMEN	A CAR	s LLC		UL 22 PM 4: 29
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	iy as it now appear: lability Company)	on our records.)	745. (. 14.15.
			۱۸۱۱ - ۱۸۱۱ ۲۰۱۵ - ۲۰۱۵ - ۲۰	
The Articles of Organization for this Limited Liab	oility Company	were filed on	13-20	and assigned
Florida document number <u>122000261855</u>	\ ·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the de	esignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	-	<u>.</u>	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office a <u>here</u> : Rose	address on our r	ecords, enter the $\sqrt{5}$	rida Zip Code
N. Devisional Office Address.	447	1 SW.	129 AVE	
New Registered Office Address:		Enter Flor	ida street address	
	MIA	n i	, Flor	rida 3317.5

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

Rame
POBERIO LUIS Demena 4421 SW 129 Aux Type of Action
With Ha 35175 DAdd Remove **□**Remove _____ Change _____ □Change _ ____ □Add _____ Change Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
the record spectord is filed.	ecifies 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	7/18/22
	Signature of a member or authorized representative of a member
	Posento Cuis Demena
	Typed or printed name of signec