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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	A celo	ed Liability Company	1
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Juan	Name of Person	nstain
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	10400	NW 69th Te	
	Doral,	FI 33178 City/State and Zip Code	
		be used for future annual report noti	fication)
For further information c	oncerning this matter, please cal	l:	
Juan Pabl Name o	O Contan	at (30) 903 Area Code Daytim	479) e Telephone Number
Enclosed is a check for th	ne following amount:		
ズ \$25.00 Filing Fee	S30.00 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 ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida L	Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L 2200 27 4562	mpany were filed on $06/16/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	:SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022 SEP SECRET
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registers
Name of New Registered Agent:	<u>~~</u>
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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
MGR_	Carlos Alberto Bricen	0 10850 NW 215+5+210	□Add
		0 10850 NW 215+5+210 Miami, 7 33172	[X Remove
		· 	□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

D. HAII	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an e <u>Note</u> :	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	1 <u>Ougust</u> 28
	Signature of a member or authorized representative of a member Turn P Constant Typed or printed name of signee

. . .