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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
dorge	Conzalez Marryo
boot	Peaty uc
403 Lake	rice Drive #102
	FL 33324 /State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please call:	
Jorge Gonzalez  Warne of Person	at (516) 642-7450 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

The Articles of Organization for this Limited Liability Company	were filed on 06-17-	and assigned
Florida document number <u>L22000 717800</u>		l mo mangred
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the word. "Limited Liabil		if the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	 
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	<b>24 M</b>
		5 7
Enter new mailing address, if applicable:		8 P
(Mailing address MAY BE A POST OFFICE BOX)		ST W
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		<u> </u>
<del></del>	, Flor	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l fam familiar with and .\$ Or, if this document is
	nging Registered Agent, Signature of	NIE IN CALL

		i	1
If amending	Authorized Person(s) authorized to material from our records:	anage, enter the title, name, and address	of each person being addec
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name Tran Manro	Address	Type of Action
<u> </u>	Juan Manuel Gonzalez	150 Washingtons	ST.3C DAdd
		150 Washingtons Hempstead, NY 1	1550 Remove
	lilietan legis		☐ Change
<u> 16</u> R	Wiston Jesus Arriza	Brookly, NY 112	AB300 □Add
		Brookly, NY 112	2 Remove
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			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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	, ,
C. Effective date, if other than the date of filing: (opti	onal)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s dite will not be listed as the
f the record 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
ecord is filed.	
Dated March 11, 2024.	
Signature of a member of authorized representative of a member	
Jorge Gonzalez Marrus Typed or printed name of signee	 
Typed or printed name of signee	<u> </u>
	- 11

Filing Fee: \$25.00