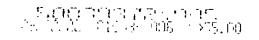
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Elian Tru	ACKI SA U.C.	<u> </u>
	Name of Limit	ed Liability Co f lipany	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Mario	Gonzala 2 Name of Person	
		Firm/Company	
	4313 Azale	a Ridge Way	
	Crotha F	City/State and Zip Code	
-	E-mail address: (to	be used for future annual report noti	fication)
	erning this matter, please cal		
Mario C Name of Pe	onzalez erson	at (<u>404</u>) 2376 Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing amount:	,	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	M \$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 Sec	ction	Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 2022 SEP - I PM 4: 4: 1

SECRETARY OF ST The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number <u>L22066283566</u>. 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 "L.L.C." 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: Florida 34734

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>	Name	Address	Type of Action
<u>n M</u> BR	Mario Gonzalez	9313 Azalea Ridge Way	CS/\dd
		Gotha FL, 34734	□Remove
			□Change
			🗆 Add
			□Remove
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If an effective date i Note: If the date	f other than the date of s listed, the date must be spec inserted in this block does tive date on the Departme	ific and cannot be prior to s not meet the applicab	date of filing or more the	(optional) an 90 days after filing.) Pu uirements, this date wil	irsuant to 605.0207 (2 I not be listed as th
rd is filed.	a delayed effective date, b				•
Dated	pt 15,+ Marie Signatur	2022 Gongly	- ·	aventari	
	Mario	FONZALEZ Typed or printed	Lecu representative of a f	ic moei	

Filing Fee: \$25.00