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## COVER LETTER

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		GURIBE'S HOLDING LLC		•		
SUBJECT:	·	Name of Lim	ited Liability Company	<del></del>		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		ANA GURIBE				
			Name of Person			
		REYES & GURIBE HOLI	DING LLC			
			Firm/Company			
		2623 W STATE ROAD 43	34		SECRETAR TALLAH	,
			Address	- <del></del>	RET	ว์ กั
		LONGWOOD, FL 32779			معيد مرند	
		REYES@GURIBE.COM	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	CRETARY OF ST	AM 10: 21
			to be used for future annual report notif	ication)	EL.	2
For further i	information c	oncerning this matter, please co	all:			
ANA GUR	IBE		407 451-1866			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ailing Addres		<u>Street Address:</u> Registration Sec	ction		
Di	vision of C	orporations	Division of Corp	porations		
	O. Box 632 Illahassee, I		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 81:	0	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### REYES & GURIBE'S HOLDING LLC

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

The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/29/2022}{1}$ and assigned Florida document number L22000335175 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **REYES & GURIBE HOLDING LLC** 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: ANA GURIBE Name of New Registered Agent: 2623 W STATE ROAS 434 New Registered Office Address: Enter Florida street address LONGWOOD , Florida <sup>32779</sup> 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
MBR	YSAI REYES	N 8993 SPRING VALLEY, MENASHA, WI 54952	<b>=</b> Add
•		<del></del>	□Remove
			□Change
MGR	YSAUREYES		□Add
		N 8993 SPRING VALLEY, MENASHA, WI 54952	■Remove
			□Change
MBR	IVAN GURIBE	319 PINE SHADOW LN, LAKE MARY, FL 32746	■Add
		<del></del>	□Remove
		·	□Change
Agent	IVAN GURIBE		□Adđ
		2623 W STATE ROAD 434, LONGWOOD FL 327	79 ≣Remove
			□Change
MGR	ANA GURIBE	2623 W STATE ROAD 434, LONGWOOD FL 327	79 <b>■</b> Add
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Filing Fee: \$25.00