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COVER LETTER

Division of Cor	porations		
	IDIAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Juan P Rojas		
	•	Name of Person	
	Aysa International Service	Corp	
		Firm/Company	
Aysa International Service Corp Firm/Company 6355 NW 36Th Street Suite 507 Address Virginia Gardens, FL 33166 City/State and Zip Code jrojas@aysainternational.com			
		Address	
	Virginia Gardens, FL 3316	66	
		•	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Bibiana Alejandra Garci	a Velez	57 317423054	1
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW MUNDIAL LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recoited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 09/07/2022	and assigned
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 I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u>-</u>
		24
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1.4
		1
B. If amending the registered agent and/or registered off	ice address on our records, <u>ente</u>	er the name of the new registe
agent and/or the new registered office address here:		; •
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addr	(Ana)
	елиет 1-иогиш street ааат	ros
	, f	Florida Zin Code

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 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	IVAN MAURICIO RICARDO	7653 Nemours Pkwy	≅Add
		Orlando, Fl 32827	□ Remove
			Change
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BIDIAN ALGANDIS GUIGA. Signature of a member or authorized representative of a member	n efote: cum econ is fi	nent's effective date on the Department of State's records. rd 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 iled.
Signature of a member or authorized representative of a member	n efote: cun econ is fi	nent's effective date on the Department of State's records. rd 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 iled.
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Filing Fee: \$25.00