L22000393310

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orge Ochoa	to the following:		
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	Name of Person		
√isa Tax USA Corp	Name of Person		
Visa Tax USA Corp			
	Firm/Company		
0050 Pines Blvd Suite 417	,		
	Address		
Pembroke Pines, FL 3302-	4		
	City/State and Zip Code		
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P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA GABRIELA LLC		
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our recor Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 09/08/2022	and assigned
Florida document number L22000393310		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		20 2
(Principal office address MUST BE A STREET ADDRESS)		3 <u>7</u>
		ASY _ m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ES L
		9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:	.	<u>.</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
	F	lorida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	POLO ORTIGOZA.Gabriela	2592 Havenwood Rd	= Add
		West Palm Beach, FL 33415	□Remove
			□Change
Member	POLO ORTIGOZA, Helena	2592 Havenwood Rd	= Add
		West Palm Beach, FL 33415	□Remove
			□Change
Member	POLO ORTIGOZA, Jose Miguel	2592 Havenwood Rd	
		West Palm Beach, FL 33415	□Remove
			□Change
Member	ORTIGOZA CUELLAR, Carolina	2592 Havenwood Rd	
		West Palm Beach, FL 33415	□Remove
			■ Change
			□Add
			□Remove
			□Change
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