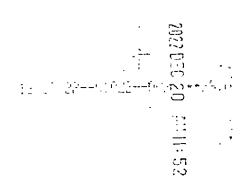
## L22000398545

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## **COVER LETTER**

TO: Registration Se Division of Co				
	ILMS LLC			
SUBJECT:	Name of Lin	nited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
	ELIAS CORREA MENE	NDEZ		
		Name of Person	_	
	TREMBLY LAW FIRM, I	P.L.		
		Firm/Company	_	
9700 S. DIXIE HIGHWAY, PH 1100				
		Address	_	
	MIAMI, FLORIDA 33156	5	3 (S	2002
		City/State and Zip Code	<u> </u>	E
	ELIAS@TREMBLYLAW.			. 20
	E-mail address: (	(to be used for future annual report notification)	-	• • • • •
For further information of	oncerning this matter, please c	call:		: <b>:</b>
ELIAS CORREA MEN	ENDEZ	305 431-5678 at ( )		/:: II: 52
Name o	f Person	Area Code Daytime Telephone Number	er	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Stati	
Mailing Address Registration	Section	Street Address: Registration Section		
Division of C P.O. Box 632	<del>-</del>	Division of Corporations The Centre of Tallahassee		
Tallahassee 1		2415 N. Monroe Street, Suite	<b>8</b> 10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMUVI FILMS LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) company)
The Articles of Organization for this Limited Liability Company were file Florida document number L22000398545	ed on 09/12/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npanv here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," 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)	1072 DEC 20 /
<del></del>	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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.

City

Zip Code

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	MIGUEL JARAMILLO	1555 BONAVENTURE BLVD., SUITE 1015	<b>■</b> Add
		WESTON, FLORIDA 33326	Remove
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			□Add
			□Remove
			□Change
			@Add
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is filed.		X	\ (	
is filed.	2022	\	\ (	
is filed.  December 13	2022	-· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(	
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