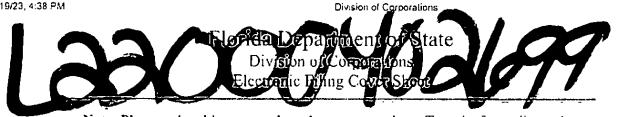
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TORREGON LLC
(Name of the Limited Liab (A Flor	bility Commany as it now appears on our records.) inda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L22000402699</u>	Company were filed on and assigned and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
he new name must be distinguishable and contain the words "L	.imited 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 ADI	DRESS)
Enter new mailing address, if applicable: <u>Mailing address MAYBE A POST OFFICE BOX)</u>	
 If amending the registered agent and/or register gent and/or the new registered office address here 	red office address on our records, enter the name of the new registe
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	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

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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
AMBR	ANDRES IGNACIO TORRES	444 NE 30TH ST UNIT 707	= Add
		MIAMI, FL 33137	□Remove
			□Change
AMBR	LAURA VICTORIA ORREGO GIRALDO	444 NE 30TH ST UNIT 707	∃ Add
		MIANII, FL 33137	□Remove
			□Change
	 		□Add
			□Remove
			☐ Change
			bbA∐
			□Remove
	 		□Change
			[]Remove
			Change
			□Add
			□Remove
			□Change

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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	does not meet the applicab	(option date of filing or more than 90 days after (le statutory filing-requirements, this	næl) iling.) Persuent tn 605,02 date will not be listed
cord specifies a delayed effective da s filed.	ite, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
	2023	<u> </u>	
ted	1	UNIV.	