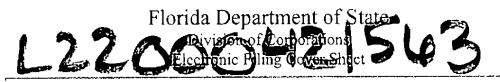
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Division of Corporations



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5 PM 1: 13	From:  Account Name : EXPRESS CORPORATE FILING SERVICE INC.  Account Number : I20000000146  Phone : (305)444-4994  Fax Number : (305)328-4774  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	
2 <b>8</b> 22 OU	Email Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BALCAZAR BOTERO FAMILY LEGACY, LLC

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2022 OCT 25 PH 6: 04 SECRETARY OF STALE

BALCAZAR BOTERO FAMILY LEGACY, LLC

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

OF

The Articles of Organization for this Limited L		and assigned
Florida document number L22000421563	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following	owing:	
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 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)		
The new name must be distinguishable and contain the w	amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  neipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  illing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
Enter new principal offices address, if applie	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
maning address wat BE A POST OFFICE	<u></u>	
		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
		Florida
	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.

From: Yanet Avila

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

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	JEAN BALCAZAR	8016 NW 105TH CT	□Add
		DORAL, FL 33178	□ Remove
		US	© Change
AMBR	JELITZA BALCAZAR	8016 NW 105TH CT	🗆 🗖 🗖 dd
		DORAL, FL 33178	
		US	■Change
AMBR	MARIA BALCAZAR	412 121ST	
		COLLEGE POINT, NY 11356	□Remove
		US	©Change
AMBR	SOFIA BALCAZAR	8016 NW 105TH CT	□Add
		DORAL, FL 33178	□Remove
		US	©Change
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