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## COHERCIALIZADORA STRETCHYROLL

Antonio Gueuceaga 8271 NAJHAR AVE. BOGA RATON FL. 33 434

Telephone + +1 (857) 284-3121

#### **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		ALIZADORA STRETCHRYF	ROLL	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		ANTONIO GURUCEAGA	1	
			Name of Person	
		COMERCIALIZADORA	STRETCHRYROLL LLC	
			Firm/Company	
		8271 NADMAR AVE		
			Address	<del></del>
		BOCA RATON FL 33434		
			City/State and Zip Code	<del>-</del>
			@STRETCHYROLL.COM	
		E-mail address: (	to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
ANTONIO	GURUCEAG	īΛ	857 2843121 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	ne following amount:		
\$25,00	Filing Fee	□ \$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)
	niling Addres		Street Address: Registration S	Section
	_	forporations	Division of Co	
	O. Box 632	•	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMERCIALIZADORA STRETCHRYROLL	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on NOVE	MBER 04,2022 and assigned
Florida document number 1.22000474287	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CORPORACION STRETCHYROLL LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "L.L.C" 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)	
B. If amending the registered agent and/or registered office address on our recor	ds, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Designation of Asserts	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	treet address

#### 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

If Changing Registered Agent, Signature of New Registered Agent

Florida\_

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
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If an effective	date is listed, the date inserted in t	n the date of fili te must be specific a his block does not the Department of	nd cannot be prior to t meet the applica	o date of filing or m ble statutory filing	(option ore than 90 days after fig requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as t
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