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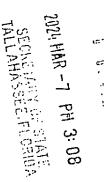
(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer.	
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COVER LETTER

Registration Section **)**: Division of Corporations

	Name of	Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mai	tter to the following:	
	FRANCISCO J GARCI	IA	
		Name of Person	
	KORA CONSULTING	LLC	
		Firm/Company	
	11860 SW 112TH AVE	NUE CIR	
		Address	
	MIAMI, FL 33176		
	USTUEMPRESA@GMA	City/State and Zip Code	
For further information co		(to be used for future annual report not	ification)
FRANCISCO J GARCIA	,,	305 5606166	
Name of I	Person	at ()	ne Telephone Number
inclosed is a check for the	following amount:		
7 cc +	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

and assigned
and assigned
he abbreviation "L.L.C."
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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. Thereby confirm that the limited liability company has been notified in writing of this change.

> David Ponte If Changing Registered Agent, Signature of New Registered Agent

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	FRANCISCO J GARCIA	11860 SW 112TH AVENUE CIR	□ Add
		MIAMI, FL 33176	≣Remove
			□Change
MGR	DAVID PONTE	11860 SW 112TH AVENUE CIR	🗏 Add
	·	MIAMI, FL 33176	□Remove
			□Change
NA	NA	NA ————————————————————————————————————	
			□Remove
			Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	🗆 Add
			□ Remove
			□ Change
NA	NA	NA	□Add
			□ Remove
			□Change

amending any other informati	on, enter change(s) here: (A)	tach additional sheets, if nee	essary.)	
NA				
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	NA NA			
fective date, if other than the d n effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	ate of filing:	(opti of filing or more than 90 days afte atutory filing requirements, th	onal) r tiling.) Pursuant to 605,0207 (3)(s date will not be listed as the	h)
ecord specifies a delayed effective of is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (I	The 90th day after the	
ted FEBRUARY 26	. 2024			
	_	<i>.</i>		
	Francisco Gignature of a member or authorized	farcia		