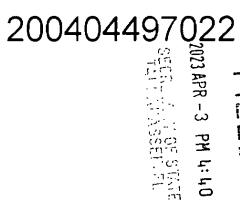
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(Re	questor's Name)	_
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Special Instructions to	Filing Officer:	

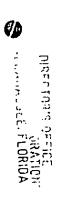
Office Use Only





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## **COVER LETTER**

Registration Section

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Division of Co	rporations	ブ : :::a	
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	Name of Lin	ited Liability Company	
The analysis of Articles in	CAman Imant and Pastal are sub	unity of fee tiling	
ine encrosed Afficies of	Amendment and fee(s) are sub	ended for thing.	
Please return all corresp	ondence concerning this matter	to the following:	
			•
	Redro	Jaim Costello	inos
		Name of Person	
		Firm Company	
	•	. ,	
	24545	SW 217 th aur Address	
		Address	
	n/ +	1 1/ 22021	
	Hornsteam	City/State and Zip Code	
	efinely	to be used for future annual report n	<u> </u>
	ti- Mai address. 1	to be used for failure annual report if	ouncation)
or further information (	concerning this matter, please c	all:	
01-0	111		<b>.</b>
pedro for	me (colelloso)	at ( <u><b>286</b>)</u> <u>27/-</u> Area Code Dayt	-3338
Name (	of Person	Area Code Dayt	ime Telephone Number
nclosed is a check for t	he following amount:		
	·	,	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addre	<u>88:</u>	Street Address:	
Registration	Section	Registration S	
Division of C	-	Division of C	orporations
P.O. Box 63.		The Centre of	f Tallahassee
Tallahassee.	FL 32314		roe Street, Suite 810
		Tallahaceee I	FI 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liability company	<u>chere</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)	(2)	AA TI
	T T	zŏ <u> </u>
	6K	ω ! _ <b>m</b>
inter new mailing address, if applicable:	(연단 제약,	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	7137	<u></u>
•	শে	0

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 tiled 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

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
<u> P</u>	Pedro Joine Costellaros	24595 SW 7/7 man	Add
		Hanstead FL, 33031	□ Remove
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rifective date is : If the date	listed, the date must be sp	oecific and cannot be process not meet the app	licable statutory filing	(optional) for than 90 days after filing.) frequirements, this date v	Pursuant to 605,020 vill not be listed a
ord specifies filed.	i delayed effective date	:. but not an effective	e time, at 12:01 a.m. c	n the earlier of: (b) The	90th day after the
u_3/	3/23	Py	·		
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