## L230000 49494

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## COVER LETTER

Division of C	Corporations		
FERAN			
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	FERNANDO SANCHEZ	ZELEDON	
		Name of Person	
	FERANZ LLC		
		Firm Company	c
	55 NE 5TH ST APT 3513	Address	•
	<del></del>	Address	<del></del> 1 * -
	MIAMUFI, 33132		. 6
		City State and Zip Code	
	E-mail addiess	om (to be used for future annual report notification)	
For further informatio	n concerning this matter, please o	call:	
FERNANDO SANCHEZ ZELEDON		·1 7865607083	
Name of Person		at () Area Code Daytime Telephone N	Vumber
Enclosed is a check for	or the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & (tified Copy dinonal copy is enclosed)
P.O. Box 6	n Section   Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERANZ LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record inuted Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number 1.23000049494	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BON		-
		<u> </u>
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	, v
	, Flo	orida
	UHV	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

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>	<u>Address</u>	Type of Action
CEO	FERNANDO SANCHEZ ZELEDO	55 NE 5TH ST APT 3513 MIAMI FL 33132	
			DIRemove
			<b>—</b> Change
			🗆 Add
			□Remove
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			□Add
			DRemove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) C l Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. FEBRUARY 28 2023 Dated 1131 Signature of a member or authorized representative of a member FERNANDO SANCHEZ ZELEDON

Typed or printed name of signee