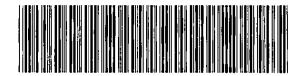
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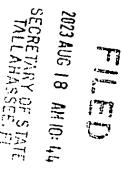
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Cor | | ¥t | | |
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| HERMAN SUBJECT: | OS COLIN LLC | | | |
| SUBJECT: | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | May Gonzalez | | | |
| | | Name of Person | | |
| | MGR Accounting LLC | | | |
| | - | Firm/Company | | |
| | 3766 Lothair Ave | | | |
| | Address | | | |
| | North Port, FL 34287 | | | |
| | | | | |
| | may.mgrlle@gmail.com | 6. L | 2023 SEC | |
| For further information c | en-mail address: (| to be used for future annual report notification) all: | AUG II | |
| May Gonzalez | | 941 416-2984 at () | RY OF | |
| Name o | of Person | Area Code Daytime Telepho | 2023 AUG 18 AM 10: 44 SECRETARY OF STATE TALLAHASSEE, FL | |
| Enclosed is a check for t | he following amount: | | 171 | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address | 58: Santian | Street Address: | | |

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

| | North Port | , Florida ³⁴²⁸ | 7 Zip Code |
|--|---|-----------------------------------|-------------------|
| | | | |
| The state of the s | Ente | r Florida street address | |
| New Registered Office Address: | 3766 Lothair Ave | | |
| Name of New Registered Agent: | May Gonzalez | <u></u> | |
| ent and of the new registered office addre | <u> </u> | | |
| If amending the registered agent and/or r ent and/or the new registered office addre | | our records, enter the name | of the new regis |
| | | | • |
| | | <u> </u> | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| ter new mailing address, if applicable: | | | 2.64.3 |
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| | | | 2028 AUG |
| rincipal office address MUST BE A STREE | T ADDRESS) | | .023 |
| tter new principal offices address, if applic | able: | | 2 |
| e new name must be distinguishable and contain the w | ords "Limited Liability Company," | the designation "ELC" or the abbr | eviation "L.L.C." |
| | | | |
| If amending name, enter the new name o | f the limited liability compar | n <u>y here</u> : | |
| is amendment is submitted to amend the foll | owing: | | |
| | _ , | | |
| orida document number L23000056174 | atomy company were med o | ·· | _ una usaignea |
| e Articles of Organization for this Limited L | iability Company were filed o | n 01/31/2023 | and assigned |
| | (A Fiorida Limited Liability Comp | any) | |
| Count of the Dinne | ed Liability Company as it now a (A Florida Limited Liability Comp | Phone on our recoluse) | |

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> | Address | Type of Action |
|--------------|-----------------------|-----------------------------------|-------------------|
| MGR | Azucena Rojas Aguirre | 160 Dees Rd Haines City, FL 33844 | ■Add |
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|). If amending any other inform | ation, enter | change(s) he | re: (Attach i | additional she | ets, if necess | ary.) | |
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| Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this b document's effective date on the I | ust be specific a block does no | and cannot be pric t meet the appli | or to date of fili icable statutor | ng or more than by filing require | (optiona 90 days after fili ements, this da | ng.) Pursuant to 6 | 905.0207 (3)(isted as the |
| the record specifies a delayed effecti ford is filed. | ve date, but n | ot an effective | time, at 12:01 | l a.m. on the ea | arlier of: (b) | The 90th day at | fter the |
| Dated August 11 | | 2023 | · | | | | |
| Francisco. | Signature of | a member or au | horized represe | entative of a men | her | | |
| | | | | or william | · · · · · · · · · · · · · · · · · · · | | |
| FRANCISCO J LOPEZ | COLIN | Typed or prin | nted name of si | unce | | | |

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Filing Fee: \$25.00