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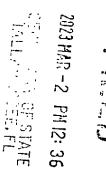
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COVER LETTER

TO: Registration Se Division of Cor						
AFRS1986	. LLC					
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are sub	_				
lease return all correspo	ndence concerning this matter	to the following:				
	ALEJANDRO RAMON					
		Name of Person				
	AFRS1986, LLC					
		Firm/Company				
	6650 SOUTHWEST, 39TI	H STREET, UNIT A4		202 ; ;		
		Address		1023 HAR		
	DAVIE, FL 33314			· · · · · · · · · · · · · · · · · · ·		
	INFO@ANTONIOCOA.CO	City/State and Zip Code DM		-2 PHI2: 36		
	E-mail address: (to be used for future annual report notifi	cation)	HIZ: FSTA EF, FL		
For further information c	oncerning this matter, please co	all:		, Ed. 20		
ANTONIO COA		561 814-0035				
Name o	t Person	at ()	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)	Certified	e of Status &		
Mailing Addres	ν.:	Street Address:				
Registration Section		Registration Sec				
Division of Corporations		Division of Corr				

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

AFRS1986, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __02/03/2023 _ and assigned Florida document number | L23000063512 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 6650 SOUTHWEST, 39TH STREET, UNIT A4, DAVIE, (Principal office address MUST BE A STREET ADDRESS) FLORIDA, 33314 Enter new mailing address, if applicable: 6650 SOUTHWEST, 39TH STREET, UNIT A4, DAVIE, (Mailing address MAY BE A POST OFFICE BOX) FLORIDA, 33314 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

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 = V AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Re Re Re
			Chinge -
	 		GS-A IN
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		·	□Change
			Remove