Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000354904.31))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

Division of Componations

Fax Number (350)617-6383

from:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : 120220000141 : (954)937-**5**985 Phone : (954)208-0269 Fax Bumber

Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INGIRAL LLC

Certificate of Status	0
Certified Copy	ij
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu —

Help

K. SALY

OCT 10 2023

7	_	
•	u	

Page; 5 of 8

2023-10-10 15:06:17 GMT

19542080209

From, Alfonso Velez

COVER LETTER

TO:	Registration Se Division of Co			
en d	INGIRAL ECT:			
SUBJE	(C.11)	Name of Lim	ited Liability Company	
The en	closed Articles of	Amondment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm-Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual repo	ort notification)
For fur	ther information c	oncerning this matter, please ca	all:	
	Name o	i Person	at ()	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress: Registration Section Division of Corporations

P.O. Box 6327

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee

Page: 6 of 8 Ta:

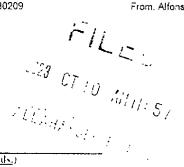
INGIRAL LLC

2023-10-10 15:06 17 GMT

19542080209

From, Alfonso Velez

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



(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1,23000086210	v were filed on <u>02/16/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

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:

		Florida
New Registered Office Address:	Enter Florida street ado	
Name of New Registered Agent:		

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JUAN GIRALDO	1525 N PARK DR SUITE 104	□Add
		WESTON, FL 33326	≣Remove
			□ Change
		~	□ Add
			□ Remove
			□ Remove ^r
			□ Change
			□Add
			□Remove
		APISI	□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[T]/ T

		2. E -
		ب ــــ
Effective date, if other than the trian effective date is fisted, the date mu Note: If the date inserted in this b document's effective date on the I	dock does not meet the applicable statutory fill	(optional) more than 90 days after filing) Pursuant to 605,0207 (3 ing requirements, this date will not be listed as th
	ve date, but not an effective time, at 12.01 a m	on the earlier of (h). The 90th day after the
ord is filed	2023	
ord is filed Dated OCTOBER 10	2023 raldo Signature of a member or authorized representation	se of a member