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SECRETARY OF STATE

## COVER LETTER

	Registration So Division of Co						
		O \$ VIENTOS LLC					
SUBJEC	T:	Name of Lin	nited Liability Company		_		
		Amendment and fee(s) are sub	-				
		Karla Ramcharitar					
			Name of Person	<del> </del>	<del></del> -		
		KRMS Consulting Group					
			Firm/Company				
		5010 SW 166 Avenue					
			Address		<u> </u>	20	
		Southwest Ranches, FL 33	3331		CRE	23 DE	mit de
			City/State and Zip Code		TAR)	2023 DEC   4 P∺	4.ET
		krmscg@gmail.com			->3 ->3 -0	-F	£.
			to be used for future annual report notific	cation)		::16	1
For furth	er information c	oncerning this matter, please c	ali:			3: 02	
Richard I	Ramcharitar		786 423.1646 at()_		t F:	-	
-	Name o	f Person	Area Code Daytime	Telephone Nun	nber	-	
Enclosed	is a check for t	he following amount:					
图 \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	0 Filing Fe ficate of S fied Copy onal copy is	tatus &	
	Mailing Address Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suit	e 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRIADERO 4 VIENTOS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{02/16}{2}$	5/2023	and assigned
Florida document number 1.23000105510				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			2 2
				73 E 23
nter new mailing address, if applicable:		N/A		EC 14
Mailing address MAY BE A POST OFFICE	BOX)			30 p 14
				الم به الم
				平台 3
<ol> <li>If amending the registered agent and/or agent and/or the new registered office address</li> </ol>		address on our rec	ords, <u>enter the nan</u>	ie of the new registere
Name of New Registered Agent:	Pedro Correal			
New Registered Office Address:	4923 LOMBA	RD PASS DRIVE, 3	3463	
		Enter Florida	a street address	<del></del>
	LAKE WORT	-1	Florida <sup>33</sup>	463
		City		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
MGR	Pedro Correal	4923 LOMBARD PASS DRIVE	<b>=</b> Add
		LAKE WORTH, FL 33463	Remove
		<del></del>	Change
AMBR	Pedro Correal	4923 LOMBARD PASS DRIVE	
		LAKE WORTH, FL 33463	□Remove
			S C C A
			ORETARY ORETARY
			Remove
			Change
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