## L23000137942

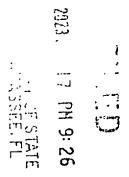
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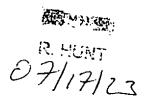
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## **COVER LETTER**

Div	ision of Corp	porations	•	·	•	
CUDIECT.	FERRETOD	OO INTERNATIONAL LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CARLOS GONZALEZ				
		-	Name of Person			
		FERRETODO INTERNA	TIONAL LLC		<b>6</b> 873	
			Firm/Company	Ĺ,	-	
		1520 TAGUS AVE			A230 L1	
			Address		<u> </u>	
		CORAL GABLES, FL 33	156	: سا انت آنناً	PH 9: 26	
			City/State and Zip Code	· ·	mi on	
		GENA@HRODRIGUEZPA				
		E-mail address: (	to be used for future annual report n	otification)		
For further in	nformation co	oncerning this matter, please c	all:			
CARLOS C	ONZALEZ		305 338-6317			
	Name of	Person		time Telephone Number	_	
Enclosed is a	check for th	e following amount:				
<b>■</b> \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status				
	iling Address		Street Address: Registration S			
Div	vision of Co	orporations	Division of C	Corporations		
	). Box 632 Ilahassee, F		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810		
1 11	nanassee, f	4. リムノ 1 マ	4713 IN. MON	TOU DITCEL, DUITE OIL		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability (	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on and assigned
Florida document number L23000137942	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	8-4 - 11
	E S
Enter new mailing address, if applicable:	FA 25
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	timee i tortaa sireet taao ess
	, Florida

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
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		1520 TAGUS AVE.CORAL GABLES. FL 33156	■Remove
			☐ Change
			🗆 Add
			Remove .
		ARCONE SEE	— □ Change
		E. STATE	20 A (III)  20 A (III)  20 A (III)
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ective date, if other than the date of fli effective date is listed, the date must be specific	06/30/2023 ling:			(optional)		
e: If the date inserted in this block does re	of meet the applic	rapic statutory	or more than 90 de Ning requireme	iys after filing.) nts, this date v	Pursuant to rill not be	605. liste
ument's effective date on the Department of	of State's records	•				
cord specifies a delayed effective date, but	not an effective t	ime, at 12:01 a	.m. on the carlie	rofi(b) The	90th day	after
filed.						
JUNE 30TH	2023					
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