L23000137999

(Requestor's Name)	
(Address)	700
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	07/1
(Document Number)	
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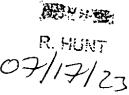
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COVER LETTER

TO: Registration S Division of Co		\& •	•
	FERRETERO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CARLOS GONZALEZ		
		Name of Person	
	D'TODO FERRETERO, L	LC	ري ري ب
		Firm/Company	
	1520 TAGUS AVE		
		Address	SE PA
	CORAL GABLES, FL 33	156	PH 9: 24 SSEE, FL
	GENA@HRODRIGUEZPA	City/State and Zip Code A.COM	(fi)
	E-mail address: (to be used for future annual report noti	ification)
For further information	concerning this matter, please c	all:	
CARLOS GONZALEZ		305 338-6317	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of (Division of Co	
P.O. Box 633	27	The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'TODO FERRETERO, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000137999</u> .	were filed on 03/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		** 3 * 1
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	···	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registers
Name of New Registered Agent:		
• -		
New Registered Office Address:	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut. provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	MARIA G GENGE		[]Add
		1520 TAGUS AVE,CORAL GABLES, FL 33156	Remove
			Change
			□Add
			- <u>fi</u> Remove
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			🗆 Change
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Tective date, if other than the	ne date of filing: 06/30/2023 ust be specific and cannot be prior to date of	(optional) j.) Pursuant to 6	05.0 20 7
ote: If the date inserted in this becument's effective date on the l	block does not meet the applicable sta	tutory filing requirements, this date	will not be li	sted as
moont specifies a deleved effect	lvo date, but not an effective time, at	2:01 a.m. on the earlier of: (b) T	he 90th day af	iter tibe
is filed.				
alod JUNE 30TH	, 2023			
	(suesales			
	Signature of a moniber op authorized re	presentative of a member		