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COVER LETTER

TO: Registration Division of C			
FENA LI	.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROBERTO DI LENA		
		Name of Person	
	MTR & ASSOCIATES L	I.C	
		Firm/Company	
	703 WATERFORD WAY	STE 805	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	1
	pablo@ideashq.uno	to be used for future annual report noti	tigation)
For further information	concerning this matter, please c	·	.3
	concerning this matter, prease c		
ROBERTO DI LENA	- CD	305 471-5874 at ()	e Telephone Number
Namo	of Person	Area Code Daytim	e Tesephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENA LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number <u>L23006150573</u>	vere filed on <u>03/24/2023</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation" [L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5
		- :
		:
Enter new mailing address, if applicable:		.3
(Mailing address MAY BE A POST OFFICE BOX)		آنَ
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	Idress on our records, enter the name o	
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 p		
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ovided for in Chapter 605, F.S. Or, if t	his 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
MGR	BETO FL LLC	703 WATERFORD WAY STE 805	= Add
		MIAMI, FL 33126	□Remove
			☐ Change
			□Add
			Remove
			☐ Change
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			□(Chanue

		
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	te date of filing:	filing.) Pursuant to 60
retive date is listed, the date mu If the date inserted in this bent's effective date on the I. I specifies a delayed effecti	Department of State's records. ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
ective date is listed, the date multiple the date inserted in this beent's effective date on the Education of the Education and the Education and the Education of the Education	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
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retive date is listed, the date multiple the date inserted in this bent's effective date on the list specifies a delayed effectived.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b 2023 Signature of a member or authorized representative of a member	

Filing Fee: \$25.00