Florida Department of States

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(((H230001636673)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATESIANO TAX SERVICES

Account Number : I20190000123 Phone : (305)928-1137 Fax Number : (786)349-4952

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

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COICHON BARATO LLC

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W 03 2023 、Brumbi#) H230001636673

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now annears on our records) Diability Company)	
(A Florida Limited	Diability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2023	and assigned
Florida document number L23000154713		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	oility company here:	
COLCHON BARATO LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
• ,		
- 19 Page 19 P	i	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	te of the new register
agent and/of the new registered office address here.		207
		<u>್</u> ಷ
Name of New Registered Agent:		5
New Registered Office Address:		-2
CENTER SECURIOR SECUR	Enter Florida street address	- G
	. Florida	I
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent		57

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 file'd 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:

·	1102411122
MGR = Manager	H23ØØØ1636673
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	•	Address	Type of Action
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Effective date, if other	er than the date of fi	ling:	t crit	(optional)	D
If an effective date is listed <u>Note:</u> If the date insert	ted in this block does n	ot meet the applicabl	e statutory filing req	uirements, this date w	will not be listed
document's effective d	ate on the Department	of State's records.			
e record specifies a dela	wed effective date, but	not an effective time	at 12:01 am on the	e earlier of: (b) The	• 90th day after t
rd is filed.	ry ca encouve ame, but	not all checure time	at 12.07 a.m. on m.	Acather on (o)	, , , , , , , , , , , , , , , , , , , ,
Dated May 2nd	vendro Zar Signature o	, 2023			
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