L23000156966

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	Negocio Pi	rincipal LLC				
SUBJECT:		Name of Lim	ited Liability Company			
			c . c			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		Luis Belisario				
			Name of Person			
		Negocio Principal LLC				
			Firm/Company			
		8510 Nw 110th Ave				177 <u>3</u>
		***************************************	Address			نن
		Doral, Florida 33178				2023 11.1. 20
			City/State and Zip Coo	le		
		negocioprincipallIc@gma	il.com to be used for future annu	.1		::
For fumbar i	aformation o	e-mail address: (аі героп пописа	.non)	1:10:52
		oncerning this matter, prease e				195
Luis Belisa			941 at () _	247-0592		
	Name o	f Person	Area Code	Daytime To	elephone Number	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is a		Certified	e of Status &
	iling Addres gistration S			Address: tration Section	on	
	_	Corporations	-	ion of Corpo		
	D. Box 632			Centre of Tall		10
Ta	llahassee, l	FL 32314	2415	in, Monroe S	Street, Suite 81	IU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Negocio Principal LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ied Liability Company)	····
The Articles of Organization for this Limited Liability Compa	any were filed on March 29th, 2023	and assigned
Florida document number L23000156966		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. 3</u>
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the </u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	
	, Florida	Zip Code
	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 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	Mayerlin Silva Belisario	11735 Tempest Harbor Loop, Venice FL. 34292	🗆 Add
			🗐 Remove
			🗆 Change
AMBR	Luis Belisario	8510 Nw 110th Ave, Doral, Florida 33178	🗑 Add
			□Remove
			Change
) □Add
			Remove
			CDChange S2
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ctive date, if other than the	date of filing:	of filing or more than 90 days after fi	i al) ling \ Pusuant to 605 02
e: If the date inserted in this blument's effective date on the D	ock does not meet the applicable sta	atutory filing requirements, this	date will not be listed
and the second s	-b		- >
ord specifies a delayed effective	e date, but not an effective time, at	12:01 a.m. on the earlier of: (h)	The 90th day after th
filed.	e date, but not an effective time, at	12.01 a.m. on the carrier of (0)	
			. 20
June 9th	2023		
			17110: \$2
	λ <i>ν</i>)		$\overline{\Box}$
	Signature of a member or authorized re		-

Filing Fee: \$25.00