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COVER LETTER

	Registration Se Division of Cor		
eun iez		VEGA01 LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please re	turn all correspo	ndence concerning this matter	to the following:
		RICARDO AREVALO	
			Name of Person
		AREVALOVEGA01 LLC	
			Firm/Company
		6800 SW 40 ST #221	
			Address
<u>-</u>	- · "	MIAMI, FL 33155	
•			City/State and Zip Code
	•	AREVALOVEGA23@GM	
		E-mail address: (to be used for future annual report notification)
For furth	er information c	oncerning this matter, please c	all:
RICARL	O AREVALO	•	786 356-8113
	Name o	f Person	at (- :) Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
≅ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Section
	Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee
	Tallahassee, I		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREVALOVEGA01 LLC

(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	is.)
The Articles of Organization for this Limited Liab		and assigned
Florida document number 1.23000176371	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
AREVALO VEGA 01 LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reging agent and/or the new registered office address by	· · · · · · · · · · · · · · · · · · ·	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	p	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performance of my duties, a red agent as provided for in Chapter 605, gistered office address, I hereby confirm th	nd I am familiar with and 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	LIUBA VEGA	6800 SW 40 ST #221 MIAM1, F1, 33155	□Add
			□Remove
			■ Change
AMBR	RICARDO AREVALO	6800 SW 40 ST #221 MIAMI, FL 33155	= Add
			□Remove
			□Change
			□ Add
			□Remove
			☐Change
			🗀 Add
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fective date, if other than the date	of Glings		(optional)	
n effective date is listed, the date must be sp	pecific and cannot be prior to	date of filing or more than 90	days after filing.) Pursuant to	605.0207
ote: If the date inserted in this block d cument's effective date on the Depart		le statutory filing requiren	ients, this date will not be	listed as
		e, at 12:01 a.m. on the ear	lier of: (b) The 90th day a	ifter the
·	e, but not an effective time			
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ecord specifies a delayed effective date is filed. MAY 8TH	. 2023		er	-