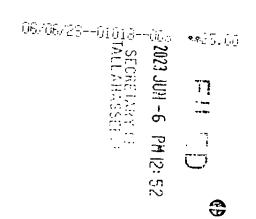
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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Tucarroflorida. Com LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Wuilmay Varela Name of Person Wuilmay Morian Firm-Company 4612 Chalfont Dr Address Orlando - Fl 32837 City/State and Zip Code Tucarroflorida. Com@6 mail. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Wuilmay Vare a at (954) 5926596 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
nclosed is a cheek for the following amount:
\$\$ \$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(i)

ARTICLES OF	OKGANIZATI OF	FIL	
Tucqvio Florida. com (Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	2023 JUN -6	PH 12: 51
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 230001831</u> 86	ny were filed on	04/13/23	• •
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the desi	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	 Citv	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
<u>AMBR</u>	Roberth A. Guerrero	4612 Chalfort D1.	X Add
		4612 chalfort D1. Orlando - FL 32837	Remove
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