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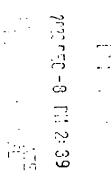
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corpo		,	,	
SUBJECT: M	AVELTA DO	ed Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	lence concerning this matter to	o the following:		
	DSMIEL	PINEIRO CA	teriuo	
		Name of Person		
		Firm/Company		
	1098 WA	DON BLUDSE		
		Address		
	PARM BAY	City/State and Zip Code		
	E-mail address: (to	neiroayahoo be used for future annual report notif	fication)	-
For further information con	cerning this matter, please ca	11:	~	
DArling Name of P	loralis	at (321) 587 Area Code Daytime	e Telephone Number	* · · · · · · · · · · · · · · · · · · ·
			ය ආ	
Enclosed is a check for the	following amount:			• .•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	0

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 OF

, , , , ,		sumpIN 6		
(Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited Li Florida document number <u>L 23 000 191 5</u> E	ability Company v	were filed on 413	23	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the warmer new principal offices address, if applicate the entire of the entire	able:	ty Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our record	s, <u>enter the name (</u>	of the new registered
Name of New Registered Agent: New Registered Office Address:		Pineiro (alden BIV Enter Florida str	0 SE :	-8 P - 2:
	PAIMB		, Florida	2 9 9 9 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 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	DSNIELPINEIRO CATTI	100 1098 Walden Blvd SE PALMBAY, 32909	DFAdd
		1 '	□Remove
MGR	DSMEET PINETRO CAMILLO	PALMBRY, FZ 32909	[FAdd
		PALMORY, PL 321	□Remove
			Change
			□Add
			□Remove
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			ERemove .
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		r	□Add
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If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essury.j		
			
			
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ffective date, if other than the date of filing:	filing.) Pursu	ant to 605.02 of be listed	207 (3) as the
ocument's effective date on the Department of State's records.	<u>ئے ۔</u> آ	39	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (but is filed.) The 90th	day after th	ne
Dated Dicember 1st , 2023.			
Signature of a member or authorized representative of a member		·······	
Osniel Pineiro Carrillo			