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## **COVER LETTER**

Division of Cor	porations	•	,	•
	120100 N	WASTCT, L		•
SUBJECT:		ited Liability Company		
		on blacking company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	100	E Kalil		
	• • • • • • • • • • • • • • • • • • • •	Name of Person	-	
	1206	O NW 1ST CT,	UC	
		Firm/Company		
	15000 NM		5-5 	2023 JUL
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			<u> </u>	FD 2:29
	E-mail address: (	to be used for future annual report noti	fication)	29
For further information of	oncerning this matter, please co	all:		
7015	Kalil	at (305), 364	1-5976	····
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate Certified Co (additional co	of Status &
Mailing Addres	<u>ss:</u>	Street Address:		
Registration 5		Registration Se		
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v Florida document number <u>423000207225</u> .	were filed on $\frac{04/27/2027}{2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	NON, LLC MAR IN
The new name must be distinguishable and contain the words "Limited Liabilia Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	25 SE ZND AVER 25 SE 414  NIAMI, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25 SE 2ND DUE STE 414 MIALII, FL 33131
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  Don	STHOY ATLANTIC, INC  90 NW 84TH AVE  Enter Florida street address  AL Florida 33166  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, Thereby 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 Title Name Address **Type of Action** \_\_\_\_\_ □Change Mgr José Wis Kalil 25 SE 2ND Sve Madd

STR 414 Miami FL 3313/ Remove □ Change □Remove □ Change □Add Remove □Change Remove

□Change

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