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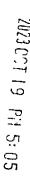
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

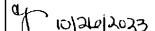
Office Use Only



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COVER LETTER

TO: Registration 5 Division of Co				
	Negocios, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter			
	Joel Maldonado			
		Name of Person		
	Guía Para Negocios, LLC			
		Firm/Company		
	PO BOX 951283			
		Address	·	
	LAKE MARY, FL 32795-	1283		
	info@guiaparanegocios.com			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)	
	concerning this matter, please c			
Joel Maldonado		321 301-5390 at ()		
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration Sect	•	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Guia Para Negocios, LLC

2023 OCT 19 PM 5: 05

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

	Inne 08 2023	
The Articles of Organization for this Limited Liability Compan	y were filed on June 00:2029	and assigned
Florida document number L23000279112		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	P P	
	Enter Florida street addre	
	, F	lorida 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
MGR	Arianna de los Santos	550 Hassocks Loop, Lake Mary FL 32746	= Add
			□Remove
		~	□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□ Remove
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ectivo	date, if other than the date of filing: (optional)
n effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
Cullici	. s effective date on the Department of State's records.
•	
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
13 11100	
10	/4/2023
	
ted	
iea	
tea	Signature of a member or authorized representative of a member
tea	Signature of a member or authorized representative of a member