9/20/23, 1:07 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICA TAX & ACCOUNTING CORP

Account Number : 120200000107 Phone : (305)900-9225 Fak Number : (786)541-8425

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCESS PLUS MORE LLC

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Тс:

ARTICLES, OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESS PLUS MORE LLC				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Dability Company)			
The Articles of Organization for this Limited Liability Company orida document number	were filed on06/29/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	وم 2694 Inagua Ave Apt 205			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133	323		
		-		
Enter new mailing address, if applicable:	2694 Inagua Ave Apt 205			
Mailing address MAY BE A POST OFFICE BOX)	2694 Imgua Ave Apt 205 Miami, Fl. 33133	- =		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the p	name of the new register		
Name of New Registered Agent: N/A				
	Emer Florala sirvet address			
	, Florida			

Thereby 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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

2023-09-20 17 15 34 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Eduardo Bonetti del Valle	2685 DIXIE LN	
		KISSIMMEE, FL 34744	
			□Change
			□Add
			□Remove
			Change
			□Add
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fan effective <u>Note:</u> If the	ate, if other than the duty date is listed, the date must be see date inserted in this block of effective date on the Depart	pecific and c loes not me	amorbe pri et the appl	or to date of fi icable statut	ling or more th	(option 90 days after direments, this	tiling.) Purscent to	605.0207 listed as
record spe rd is filed	cities a delayed effective dat	e, but not a	n effective	time, at 12.	Haan, on the	e carlier of: (b)	The 90th day	after the
Dated	September 20th	_	2023	,				
Janua								

Typed or printed name of signee