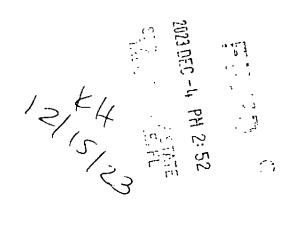
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





12/04/23--01037--001 \*\*25.00



## **COVER LETTER**

TO: Registration S Division of Co			
SHIP IDOT. NO	EWEN GROUP IIC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		ENA ARIAS	
		Name of Person	
	Olopel	Accounting & tax	P.A.
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	43 S. POWE	Rline Rd #212	
		Address	
	Pom	PANO BEACH	FL 33069
		PANO BEACH City/State and Zip Code (IGS @ Oropelpa. C	
	eai	ias (O Oropelpa. C	Com
	E-mail address: (	to be used for future annual report not	ilication)
For further information of	concerning this matter, please of	all:	, <u>53</u>
6	ENA ALIAS	at ( 540, 629	-3120
Name c	of Person	Area Code Daytin	-3120  The Telephone Number
Enclosed is a check for t			□ \$60.00 Filing Feed 57
X\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feer CT Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	««·	Stroot Addrose	

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

NEWEN	<b>—</b> 1— 1	
(Name of the Limited Liability Compa- (A Plorida Limited I.	ny as it now appears on our records liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were tiled on 8 /14/20	23 and assigned
·	95a	
A. If amending name, <u>enter the new name of the limited liabi</u>	Mity company nere:	
The new name must be distinguishable and contain the words "Limited Liabil	• •	or the abbreviation "L.1,.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Trincipal office address proper total to the service		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter (	the name of the new registered
Name of New Registered Agent:	NA	4 PH 22
New Registered Office Address:	Enter Florida street address	ाट ज
	. Flo	orida
	City	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	GIMENEZ, ROLLO	910 WEST AVE 1410 MIAMI BEACH FL 33139	
		MIAMI BEACH FL 33139	Kemove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			(C)
			Add PH S2 Change
			Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			□('harara

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12101/2023 E. Effective date, if other than the date of filing: \_\_ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. DECEM BER

Typed or printed name of signee