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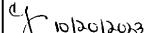




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COVER LETTER

Service Control

TO:

| | tration Secti ion of Corpo | | | |
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| · | ODIFY THE | E ARTICLE OF THE CORE | PORATION AND ADD NEW ME | MBER FOR THI |
| SUBJECT: _ | | Name of Lim | ited Liability Company | |
| The enclosed i | Articles of An | nendment and fee(s) are sub- | mitted for filing. | |
| Please return a | ll correspond | ence concerning this matter | to the following: | |
| | | ARIEL BERNAL ROJAS | | |
| | | | Name of Person | |
| | | BERNAL TRIMMING & | SERVICES LLC | |
| | | | Firm/Company | ·-,,,,,,,,,, |
| | | 7371 W 30TH AVE | | |
| | | | Address | |
| | | HIALEAH, FL 33018 | | |
| | | | City/State and Zip Code | |
| | | OPERATIONS1@MIAACO | COUNTINGTAX.COM to be used for future annual report noti | ification |
| For further inf | ormation cond | cerning this matter, please ca | · | incarion, |
| ARIEL BERN | IAL ROJAS | | 786 927-2496 at () | |
| Name of Person | | | ne Telephone Number | |
| Enclosed is a c | check for the f | following amount: | | |
| ■ \$25.00 Fil | ing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Se Division of Cor The Centre of To 2415 N. Monro Tallahassee, FL | rporations Fallahassee be Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERNAL TRIMMING & SERVICES LLC

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(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 were filed on $^{08/15/2023}_$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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

AGR = Manager

AMBR = Authorized Member

| <u> itle</u> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| иGR | | 17301 NW 94TH CT306 MIAMI LAKES, FL 33018 | ≅ Add |
| SABEL | LISANDRA SANTIES | STEBAN CARRAZANA | |
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| lote: If | e date, if other than the date of filing: |
| record s | 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 |
| | X10BE(, 6, 2023 |
| ated <u>(</u> | |
| ated <u>(</u> | Y (and Signature of a member or authorized representative of a member |

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