L23 000 503 826

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COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	(a.Sa)	aupe 11	<u> </u>	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	104 Ce	Padro		
		r Japan		
	1001 (1111)	Firm/Company Ath (+		
	7007 9000	Address		
	Casataupe inter	FL 33	136	
		City/State and Zip Code		
	Casataupe inte	o be used for thure annual re	eport notification)	
For further information con	cerning this matter, please ca			
oyce :	Padro	at (<u>786_)</u> Area Code	442-8	80 7/ one Number
Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 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 Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compar (A Florida Limited L	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23 000 503 824</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ity Company." the designation "L.L.C." 1001 NW 7 th St Waw FL 33136
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7249 NW 33rd St WMR-328 Wani FL 33122
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:	
New Registered Office Address:	Enter Florida street address
- 	, Florida 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	Name Soyce Padro	1001 NW 7th St Mami FL 33136	🗆 Add
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