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(Requestor's Name)
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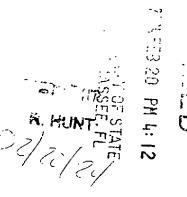
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COVER LETTER

	gistration Sec vision of Corp						
	Magic City 1	HydroVac, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	-				
		Mark Llorente					
		-	Name of Person		_		
		Magic City HydroVac, LL	C			•••	
			Firm/Company		_	. :	
		9971 SW 124 Terrace					
			Address			Ü	
		Miami, FL 33176			OF SI	") 20 PM 4:1	D
			City/State and Zip Code		1. Y. T.		
		mark.llorente@yahoo.com			1.1		
		h-mari address: (1	to be used for future annual report notifi	cation)			
For further i	nformation ec	oncerning this matter, please ca	ıll:				
Mark Llore			305 915-0195 at ()				
	Name of	Person	Area Code Daytime	Telephone Numbe	er.		
Enclosed is	a check for th	e following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magic City HydroVac, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records Liability Company)	·D		
he Articles of Organization for this Limited Liability Company	and assigned			
lorida document number $\frac{000419437540-2377052}{2}$	79575			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
Jorente Holdings, LLC		•- \		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation [L.L.C."		
nter new principal offices address, if applicable:	9971 SW 124 Terrace			
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33176			
		SS D		
nter new mailing address, if applicable:	9971 SW 124 Terrace	E. FL		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33176			
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regis		
New Registered Office Address:	Enter Florida street address	ï		
	. 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
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			□Remove
			□Change
			🗆 Add
			Remove
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		्रि (२) (१) (११)	
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ective date, if other I reffective date is listed, th te: If the date inserted	e date must be spe in this block do	cific and canno	et be prior to c	late of filing or	more than 90	days after f	ling.) Pur dara will	suant to	605.0207
nument's effective date	on the Departm	ent of State's	records.	e succiony in	mg requirem	ents, tins	THIC WITH	not be	iisted as
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s tiled.									
		△ ²⁰²	2-4						
February 12	_	11							
ted February 12	01	-							

Typed or printed name of signee