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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : 120210000123 Phone : (321)315-9576 Fax Number : (321)234-0285

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AROCA BLANCO 813 LLC

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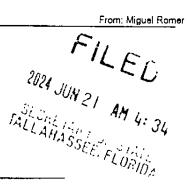
JUN 2 4 2024

COVER LETTER

TO: Registration Se Division of Cor					
	LANCO 813 LLC				
SUBJECT: Name of Limited Liability Company					
• : .					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MIGUEL J ROMER				
		Name of Person			
	TAX TRAINERS INTER	NATIONAL CONSULTANTS LE	.c		
•		Firm/Company			
	3585 GRANDE RESERV	E WAY APT 209			
	<u></u>	Address			
	ORLANDO FL 32837				
Ŧ.:		City/State and Zip Code			
Ţr'.	DOCS@TAXTRAINERSI	NTL.COM to be used for future annual report not	::Contine		
) 		•	incadon)		
For further information (concerning this matter, please c	aii:			
ANTONIO JOSE AROCA URRUITA		+57 313 799-6755 at ()	_		
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed		
Mailing Address: Registration Section		Street Address: Registration Se			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AROCA BLANCO 813 LLC

(Name of the Lamit	d Liability Compa A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L23000533890	ability Company	were filed on 11/30/2023	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) William address MAY BE A POST OFFICE of the second and s	able: FADDRESS) BOX) Sgistered office a		
Name of New Registered Agent:	Name of New Registered Agent: New Registered Office Address: TAX TRAINERS INTERNATIONAL CONSULTANTS LLC 3585 GRANDE RESERVE WAY APT 209 Enter Florida street address		
New Registered Office Address:			
	ORLANDO	_ , , , , , , , , , , , , , , , , , , ,	da ³²⁸³⁷

- 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
	AMBR	_	Leonor Margarita Blanco	541 NW 52ND STREET	
		∄ ⊶		BOCA RATON, FI. 33847	
					[]Change
	AMBR	_	Leonor Margarita Blanco Vengoecl	541 NW 52ND STREET	≣ Add
				BOCA RATON, FL 33847	□Remove
					□ Change
		-			□ Add
		÷			□Remove
	, .	र्महार विद्या			A CONTROL TO
		-,			SE Add C2
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					Dannge
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					□Remove
	. :	호 : 보급			□ Change
		-			□Add
		;			□Remove
					□ Change

Filing Fee: \$25.00

Typed or printed name of signee

ANTONIO JOSE URRUTIA AROCA