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# **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
	MARKETING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are sub-	mitted for filing.	
Please return all correspondence of	concerning this matter	to the following:	
	Anit	hal Cabtefa Name of Person	7
		Ptas Fihahlia Firm/Company	
	817	Cohover	5E
		City/State and Zip Code  2 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +	
For further information concerning			
Ahibal Can Name of Person	breta	at ( <u>8/3</u> ) <u>409</u> Area Code Day	- 8465 time Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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)

1

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

TORRES GLOBAL MARKETING LLC

2024 007 11 77	9: 07	
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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 01/10/2024	and assigned
Florida document number L24000026614		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	Hity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
<del></del>	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
AMBR	TORRES-RAMOS, MANAURIS J	11933 GRAND KEMPSTON DR	□ Add
		GIBSONTON, FL 33534	<b>≡</b> Remove
			□Change
AMBR	TORRES, PERLA	11933 GRAND KEMPSTON DR	□Add
		GIBSONTON, FL 33534	□Remove
			□Adđ
			□Remove
			□ Change
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<del></del>	+ <del>-</del>		
			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:  (If an effective date is isseet, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.(  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister document's effective date on the Department of State's records.  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 cord is filled.  Dated  OCTOBER 11  2024  A.A.  Date of Tother Than the date of filing:  (uptional)  (uptional)  (uptional)  (uptional)  (uptional)  (uptional)  (b) State will not be lister document's effective date on the Department of State is records.					
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Signature of a member or authorized representative of a member	Signati	are of a member or author	ized representative of a n	nember	<del></del>
MANAURIS TORRES-RAMOS	MANAURIS TORRES-RAM	os			