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Division of Corporations

Fax Number : (858)617-6383

Prog:

ACCOUNT Name : SANCHEZ VACILLO LLP

Atcount Number : 128156660838 Phone : (365)485-9766

Fax Number : (\$13)492-8849

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T. LEATIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/ht		
(Name of the Limited Liability Compan (A Florida Limited Li	war it now appears on our records:) " ability Company)	
The Articles of Organization for this Limited Liability Company were filed on 01/19/2024 Plorida document number L24000038903		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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		
(Mailing address MAY BE A POST OFFICE BOX)	,	27.5
	,	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the	
	dress on our records, <u>enter the</u>	
B. If amending the registered agent and/or registered office ad seent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registered
B. If amending the registered agent and/or registered office ad	dress on our records, enter the	AH IO

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

Florida

Zip Code

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

Title	Name	Address	Type of Action
MGR	ULLOA, LBONARDO	495 BRICKBLL AVE APT 5002	□ Add
		MIAMI, FL 33131	≅Remove
			Change
			□ Add
		 	□Remove
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document's effective date of the record specifies a delayed	offective date, but not as	n effective time, at 12:	01 a.m. on the earlie	r of (b) The 90th day	atter the
Note: If the date inserted is document's effective date of the record specifies a delayed record is filed. Dated June 27		2024	01 a.m. on the earlie	r of (b) The 90th day	y after the
document's effective date of the record specifies a delayed record is filed.	Hu	2024			aiter the

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