

L24 0000 51746

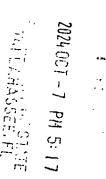
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
2011,1.75	

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: JOUSKA LL	C		
SUBJECT: 1000mm	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	GUILLERMO ARENA		<u> </u>
		Name of Person	
	DRALAS LLC		
		Firm/Company	
	10925 SW 75TH ST		
		Address	
	MIAMI,FL 33173		
		City/State and Zip Code	
	GNARENA@GMAIL.COM		
	E-mail address: (to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
GUILLERMO ARENA		at (786) 6269377	
Name of I	Person		Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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)
Mailing Address:		Street Address:	
Registration Se		Registration Sect	
Division of Co	rporations	Division of Corp	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending the registered agent and/or ent and/or the new registered office addroise. Name of New Registered Agent: New Registered Office Address:	DRALAS LLC 10925 SW 75TH ST	Florida street address
ent and/or the new registered office addroined and Name of New Registered Agent:	DRALAS LLC 10925 SW 75TH ST	ाम य
ent and/or the new registered office addroined and Name of New Registered Agent:	DRALAS LLC	• • • • • • • • • • • • • • • • • • • •
ent and/or the new registered office addr	ess here:	• • • • • • • • • • • • • • • • • • • •
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		• • • • • • • • • • • • • • • • • • • •
	registered office address on our	r records, enter the name of the new reg
		് [™] േ ഗ
<u>ailing address MAY BE A POST OFFICE</u>	<u> </u>	立. 1 の
Enter new mailing address, if applicable:		
		7.1V.
		2024 Tiv
rincipal office address MUST BE A STRE	ET ADDRESS)	
ter new principal offices address, if appli		
e new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
If amending name, enter the new name	of the limited liability company	here:
is amendment is submitted to amend the fo	llowing:	
orida document number L24000051745	·	
	Liability Company were filed on	01/29/2024 and assigned
e Articles of Organization for this Limited		
	ited Liability Company as it now app (A Florida Limited Liability Company	<u>y)</u>

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 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>	Name	Address	Type of Action
MGR	Melina Abril Torres Olivencia	LAGO PALENA 2286	🖸 Add
		GODOY CRUZ . MENDOZA, ME 5501 AR	= Remove
			□Change
MGR	Martina Sofia Dolcemascolo	2903 NE 163RD ST	🗆 Add
		APT 705	
		NORTH MIAMI BEACH, FL 33160	≘Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		·	Change
			□Add
			Remove
			□Change

		
		
		
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Note: II u	te, if other than the date of filing:	605.0207 isted as t
record sp d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
Dated	UST 29 2024	
	Signature of a member of a member	
	NOTIFIED ALS INSTITUTE ALS INSTITUTES AND	
	Signature of a themself a didition for representative of a member	

Filing Fee: \$25.00