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# **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	PARTXIER AND FMPIONEE / FASING 110
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	RAFAEL J. DIAZ-BALART  Name of Person  Vestec International Corporation  Firm/Company  1627 S.W. 37 Avenue, Suite 907  Address  MIAHI, FL 33145  City/State and Zip Code  Y & Salart Q vestec group. com  E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
$\frac{1}{2}$	fact J. DiAZ-BALART at 305 389-1878  Name of Person Area Code Daytime Telephone Number
	is a check for the following amount:  00 Filing Fee Sertificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

ed 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  $\frac{\sqrt{34.29.2024}}{\sqrt{34.29.2024}}$  and assigned Florida document number  $\frac{\sqrt{2400051.977}}{\sqrt{34.29.2024}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or Science as previous 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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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		Boca RATON FL. 334	<u>}</u> □Remove
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It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing:
e record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	MARCH 24, 2024
	Signature of a member or authorized representative of a member
	RAFAEL J. DIAZ-BALART
	Typed or printed name of signee