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COVER LETTER

TO: Registration S Division of Co			
	S ECONOMY FOR FUTURE I	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JULIO ARAUJO		
		Name of Person	
	TOTAL CORPORATION	SERVICES INC	
		Firm/Company	
	6355 NW 36TH ST SUITI	E 407	
		Address	
	VIRGINIA GARDENS, F		
		City/State and Zip Code	
	asesor@corporacionesenusa		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	incation)
Julio Araujo		305 871-2525	
Name	of Person	at ()	ne 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Cor	
P.O. Box 63		The Centre of	
Tallahassee.	. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		FOR FUTURE LLC	
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number 1.24000077332	iability Company	were filed on 02/12/2024	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	N'A	
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N'A	FIL 2024 OCT 3D SECRETARA TALLAHA
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records.	$\mathbb{Z}\mathbb{Z}_{\omega}$
Name of New Registered Agent:	N/A		•
New Registered Office Address:		Enter Florida stree	t address
			Phase day?
		City	, Florida ` 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
MGR	Cristofer K Arguedas Asmad	Urb. Sol de las Delicias Mz.3 Lt.5 Moche	= Add
		La Libertad - Trujillo - Peru	□Remove
			□Change
			□Add
		·	□Remove
			□ Change
			□Add
			□Remove
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	and the state of t
<u>e:</u> 11	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
cord s filed	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 figure of the first of th
ed	October 25 2024
	Signature of a member or authorized representative of a member
	Patricia G Asmad Rodriguez
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