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SECRETARY OF STATE

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## **COVER LETTER**

TO:

ΓΟ: Registration S Division of Co			
SUBJECT:	Pase a Tierra Product	ions LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<del></del>	Lesnay Vazquez	<u>.</u>
	Pase a T	ierra Productions LLC Firm/Company	
		1 min Company	SEC SEC
	1	3311 SW 82 ST	WITT WEEK
		Address	ARY AH-6
		Miami , FL 33183	2024 FEB 29 TH SEGRETARY OF STALL ARKSES
		City/State and Zip Code	17.00 T
	E-mail address: (	esnay@hotmail.com to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Lesnay	Vazquez	at (_305_)331-	8886
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
<b>☎</b> \$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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of (	Corporations	Division of Co.	rporations
P.O. Box 63: Tallahassee,		The Centre of 7	Fallahassee be Street, Suite 810
i allallassee,	: L JAJ (T	Tallahassee, FI	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pase a Tierra Produc	ctions LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears or pility Company)	our records.)	
The Articles of Organization for this Limited Liability Company wo	ere filed on	02/14/2024	_and assigned
lorida document numberL24000081086			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabilit	y company here:		
he new name must be distinguishable and contain the words "Limited Liability	Company," the desig	mation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRESS)			
_			227
		! !	
nter new mailing address, if applicable:		;- 	
Aailing address MAY BE A POST OFFICE BOX)			7 9
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. If amending the registered agent and/or registered office add	dress on our reco	rds, <u>enter the name (</u>	of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
		, Florida	
	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 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>	<u>Name</u>	Address	Type of Action
President	Carlos M Morejon	13311 SW 82 ST Miami FL 33183	□Add
			<b>∑</b> Remove
			DChange
			🗆 Add
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Effective d	ate, if other than the d	late of filing:			(0	optional)		
fan effective Note: If the	date is listed, the date must date inserted in this bloom	oe specific and can ok does not meet	not be prior to d the applicable	ate of filing or message statutory filin	ore than 90 days	after filing.) Pur , this date will	suant to 605 not be list	5.02 ted
document's	effective date on the Dep	partment of State	's records.	-	- '			
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Filing Fee: \$25.00