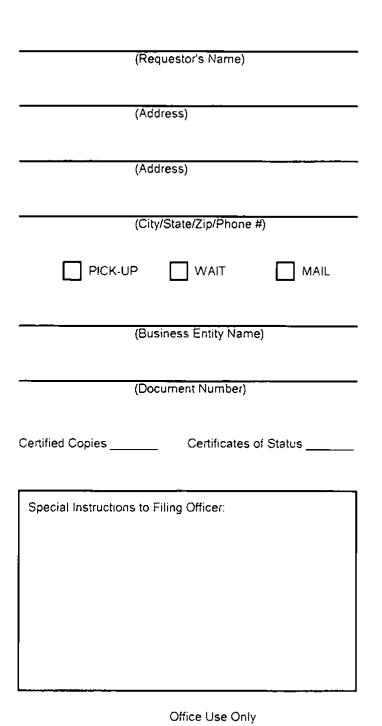
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		AS CIE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SA	RA MOSQUERA ANDRADE		
		Name of Person	 	
		ILLAS CIE LLC		
	Firm/Company			
	2333	BRICKELL AVENUE APT 2114	4	
		Address		
		MIAMI, FL 33129		
		City/State and Zip Code		
	МС	GMTSARA@GMAIL.COM		
	E-mail address: (to be used for future annual report no	etification)	
For further information c	oncerning this matter, please c	all:		
SARA MOSQUI	ERA ANDRADE	786 771-8753		
Name o	f Person		me Telephone Number	
Enclosed is a check for t	he 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 Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILLAS CIE LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document numberL24000127113	any were filed on	03/13/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
ILLAS CIES LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		1 - 3
(Principal office address MUST BE A STREET ADDRESS			÷
Enter new mailing address, if applicable:	N/A		• :
(Mailing address MAY BE A POST OFFICE BOX)			7.H
			(ر.؛
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the na	me of the new registe
	emer rumu		
	City .	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•		124 2
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this ca lete performance of n as provided for in Ch	ny duties, and I an apter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adcor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□ Change
			□Add
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			□Remove
			□Change

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Sara Mosauera.			de not an encenve in	me, at 12.01 a.m. o	r the carner of. (b)	70th day after the
Sara Mosauera.						
Signature of a member of authorized representative of a member	Dated	MARCH 26TH	2024	·		
Signature of a member of authorized representative of a member		1	Allana.			
Signification a member of authorized representative of a member		Signatur	The of a prepare of author	vized representative	f a member	
		Signatur	2 3. w monioci of munio	representative (