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## **COVER LETTER**

TO:

Registration Section

Divi	vision of Corporations					
endiere.	GUARDIA VIRTUAL ULC					
SUBJECT	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub-	omitted for tiling.			
Please return	all correspo	ondence concerning this matter	to the following:			
		LILLIAN GARCES ORTE	EGA			
			Name of Person			
		SMART PRO GRÓUP LL	C			
			Farmi Company			
10890 NW 17TH ST #142						
			Address			
	MIAMI, FL 33172					
			City State and Zip Code	<u> </u>		
		SMART PRO GROUP LLO				
			to be used for future annual report is	otilication)		
For further int	formation e	oncerning this matter, please ea	all:			
LILLIAN GA	RCES OR		954 646-1125			
	Name o	f Person	at () Area Code Dayr	ime Telephone Number		
Enclosed is a	eheek for ti	ne following amount:				
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ing Addres istration S		Street Address: Registration S	Section		
_		orporations	Division of Co			
P.O.	Box 632	7	The Centre of	Tallahassee		
Talla	ahassee, 1	FL 32314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUARDIA VIRTUAL LLC				
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liab Florida document number 1,24000130443			_ and assi	gned
This amendment is submitted to amend the follow			?:	
A. If amending name, <u>enter the new name of the same of the new name of the same of the same of the new name o</u>	he limited liability company here:	<b>-</b> ,		, ,
he new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "L	LC" or the abbre	viation FL.I.	C,''
Inter new principal offices address, if applicab	ole:		• - •	
Principal office address MUST BE A STREET.	ADDRESS)		<u>:</u>	
		•	30	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	28)			
3. If amending the registered agent and/or reg gent and/or the new registered office address l		er the name o	f the new	regist
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addi	FCSS		
	,	Florida		
	Cin		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. Thereby 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>	Name	Address	Type of Action
MGR	piego roberto, Kumorkiewicz	1254 ALEXANDER BEND WESTON, FL 33327	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	🗖 Add
			□Remove
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		<del></del>	□Remove
			□Change

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lf an eft <u>Note:</u>	ive date, if other than the date of filing:
recor d is fi	d 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 led.
Dated	JUNE 24TH . 2024 .
	Signature of a member or authorized representative of a member
	V