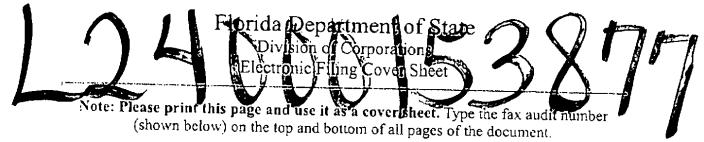
Division of Corporations



(((H24000178686 3)))



To:			
	Division of Cor	corations	·
	Fax Number	: (850)617-6383	5:5
.			4.4
From:	Account Name	CITY I FU FUEL	
	Account Number	: GUILLEN PUJOL CPAS	7
		: 12024000045 : (305)831-4093	-:
		: (305)394-6501	ר
. X 4(ar report mailir	for this business entity to be used for future ngs. Enter only one email address please.** YES BGUILLEN PUTOL COMI	

THE PROPERTY OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAM	
Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

M. SOLOMON

MAY 4 0 2024

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASS ENT. VE LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on _03	/06/2024
Florida document number L24000153877	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2024
Principal office address MUST BE A STREET ADDRESS)	7.0
	, T
Enter new mailing address, if applicable:	PHI2
Mailing address MAY BE A POST OFFICE BOX)	22
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address borol.	powds onto the control for
gent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	···
Enter Florid	a street address
	, Florida
City [ew Registered Agent's Signature, if changing Registered Agents	Zip Code

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

Title	Name	Address	Type of Action
MGR	NESTOR GUILLEN	6161 Waterford District Dr.	■Add
		Suite 475. Miami, FL 33126	□Remove
			Change
			□Add
			: Change
			DAdd ₹
			□ Remove
			□Add
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Effective date, if other than the (if an effective date is listed, the date must Note: It the date inserted in this blo document's effective date on the De	t be specific and cannot ock does not meet the	he prior to da e applicable ecords.	te of filing or mor statutory filing		ional) r filing.) Pursuant is date will not b	to 605.0207 e listed as
he record specifies a delayed effective ord is filled.	e date, but not an effe	ctive time, :	it 12:01 a.m. or	the earlier of: (!	o) The 90th day	after the
Dated 17th of May	2024	·	6-0			
Dated		(1)	MARIA	\		
	Signature of a member of	or authorized	EDIO CONTRACTOR OF	a member		