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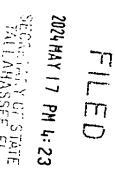
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: AUSSA ROORIGUEZ UC  Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Alyssa Rodriguez Name of Person		
AUSSA RODRIGUEZ UC Firm/Company		
5048 TORCHWOOD DRIVE		
MINNEOLA FLOPIDA 34715		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
AUSSA Rodhguer at (40) 802—791  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-WSSA RODY	RIGUEZ (	LC .
•	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on OH	$30 202\sqrt{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  AUSA MARIE PO  The new name must be distinguishable and contain the words "Limited Liab	DRIGUEZ	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC 24.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED  MAY 17 PM 4: 23  CHAY 17 PM 4: 23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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
			[]Add
			□Remove
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			Chungo

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	<u> </u>
fan effect <u>Note:</u> If	tive date, if other than the date of filing:
record s d is 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
ated _	May 8th, 2024.
	Signature of a member or authorized representative of a member
	Ayssa Rodriguez Typed or printed name of signce