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## **COVER LETTER**

Division of Corpo			
SUBJECT:	PAKIAAU EN T	tin LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	MARIA JO 1150 Nu	Name of Person  72 nd Aug	VARSAS Tower
	Ste 455	# 16 386	
	Miani, F	City/State and Zip Code  5 O O O T L O O K.  to be used for future annual report noti	<u>26 US</u> Fa
•	E-mail address: (1	to be used for future annual report noti	fication)
	terning this matter, please ca	all:	
Name of Po		at () Area Code Daytim	
Name of Pi	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the f			
□ \$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 Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORIA AVENTIN COmp (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	
This amendment is submitted to amend the following:	-i 20
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	<u>-</u>
New Registered Office Address:	: Enter Florida street address
"	, Florida
New Registered Agent's Signature, if changing Registered Agent	City (1)
	-

I hereby accept the appointment as registered agent and agree to get 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	<u>Name</u>	Address	Type of Action
Maresy	MARIA JULIA AVENTIN	1150 NW 72 nd AV	[2] Add
	VARSAS	Hower 1 Ste 455	□Remove
		# 16386 Migai , FC	□Change
		33/26 US.	□ Add
			□Remove
AMBR	Rani Perezus	Roul Perez	🗆 Change
	·	(150 NW 72 md AU	□Add
		tower 1 Ste 455	
		# 16 386 Miani F	Change
		<u>33,26</u> us	□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change

·····	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>	
Note: If the	date, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	0207 d as
e record spec ed is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	6-20 <u>2024</u>	
	Had	
_	Signature of a member or authorized representative of a member  ARCH TOLIA AVENTIN (ARSAS	