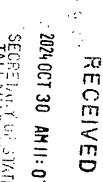
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
REPRESEN	STACIONES MV LLC			
SUBJECT	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JACLYN VIVAS			
		Name of Person		-
	REPRESENTACIONES M	IV LLC		
		Firm/Company		-
	164S HAVERHILL RD			
		Address		- : [
	WEST PALM BEACH, FI	. 33415		
		City/State and Zip Code		- ·
	USTUEMPRESA@GMAII	LCOM to be used for future annual report no	titiontian)	
For further information c	oncerning this matter, please c	·	(mean(m)	
JACLYN VIVAS		305 5606166		
Name o	f Person	at () Area Code Daytir	me Telephone Number	r
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration S		Street Address: Registration So	ection	
Division of C	orporations	Division of Co	orporations	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monre	Tallanassee oe Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limi	ted Liability Comp: (A Florida Limited	iny as <mark>it now appears on o</mark> Liability Company)	ur records.)
The Articles of Organization for this Limited I Florida document number $\frac{1.24000350137}{1.24000350137}$		were filed on <u>08/09/20</u>	24 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designa-	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STREA		NA	
		NA	100
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE	BOX)	NA	٠٠ <u>٠٠ </u>
		NA	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, enter the name of the new registere
Name of New Registered Agent:	EDYMAR MO	LINA	
New Registered Office Address:	121 N DIXIE F	·WY	
New Registered Office Address.		Enter Florida str	vet address
	HALLANDAL	Е ВЕАСН	, Florida <u>33009</u>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
		Edyma	er Molina gnature of New Registered Agent
	If Cha	nging Registered Ægent, <u>Si</u>	gnature 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>	<u>Address</u>	Type of Action
MGR	JACLYN VIVAS	164S HAVERHILL RD	□Add
		WEST PALM BEACH, FL 33415	= Remove
			□Change
MGR	EDYMAR MOLINA	121 N DIXIE HWY	■Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
NA	NA	NA	D`∧dd
			☐Remove
			□Change
NA	NA	NA	□Add
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	(optional) o date of filing or more than 90 days after filing.) Pursuant to 60)5.02
e: If the date inserted in this block does not meet the applica iment's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be lis	sted :
intent's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective tin	te at 12:01 a.m. on the earlier of: (b). The 90th day aft	or th
filed.	in the same with the carrier of the same and any	Ç1 (11
od OCTOBER 29		
Signature of a peripher of author	ized representative of a member	