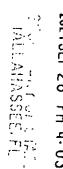
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(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: _AA BROTH	IERS ON THE ROAD LLC Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub					
	Alejandro Gonzalez Ortiz d		·	_		
		Name of Person				
	AA BROTHERS ON THE F	ROAD LLC				
		Firm/Company				
	2930 SW 105TH CT					
	2550 544 105111 01	Address	· · · · · · · · · · · · · · · · · · ·	ر ا ا	2021	
					SE	•
	MIAMI, FL 33165	City/State and Zip Code		- 法·	P 2(ين بني
	_aabrothersontheroad@gma			SAC	70 70	
	E-mail address: (to be used for future annual report notif	ication)	. Li €.	τ. ⊒r	C
For further information co	oncerning this matter, please ca	ali:		严系	2024 SEP 26 PM 4: 03	***
Gady Hernandez Lima		at (786) 873 24 <u>30</u>				
Name of	Person	Area Code Daytime	Telephone Numb	er		
Enclosed is a check for the	e following amount:					
⊠ _\$25.00_Filing_Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Federate of St ed Copy and copy is e	atus &	
Mailing Address Registration S	 -	<u>Street Address:</u> Registration Sec	rtion			
registration 5	cenon	Division of Con				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA BROTHERS ON THE ROAD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/27/2024 and assigned Florida document number L24000375352 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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
AP	Gady Hernandez Lima		□Add
		2930 SW 105 Ct , Miami, FL 33165	□Remove
			□Change
			□Add
			200ve SEPange Piku: 0
			SSET DAR
			The contract of the contract
			□Add
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e record rd is file		delayed ei	ffective date	, but not	an effect	ive time,	at 12:01	a.m. on the	e earlier o	f: (b) T	he 90	th day a	fter the
Dated _	Septemi	oer_12th			2024	Løn							
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Filing Fee: \$25.00