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(Requ	restor's Name)	
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

PTS MIA F	FB 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	endence concerning this matter	to the following:		
	Oscar J. Vila			
		Name of Person	<u></u>	<b>-</b>
	Vila, Padron & Diaz, P.A.			20
	-	Firm/Company		ZH OCT
	201 Alhambra Circle, Suit	e 702		
	<u>-</u>	Address		2024 OCT -9 AH 10: 54
	Coral Gables, FL 33134			10.
		City/State and Zip Code		- 33 4
	abestard@vpdlaw.com	·		
	E-mail address: (	to be used for future annual report no	otification)	
For further information of	oncerning this matter, please c	all:		
Oscar J. Vila		305 461-4888		
Name o	f Person	Area Code Dayti	me Telephone Numbe	er
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our recor Liability Company)	<u>'ds.</u> )
were filed on 089/30/2024	and assigned
oility company here:	2024 OCT
lity Company," the designation "LL	C" or the abbreviation "L.L.C."
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address on our records, <u>ente</u>	r the name of the new register
Estan Ulavida de la de	
r.mer r tortaa street addre	22
F	lorida
	were filed on 089/30/2024  bility company here:  lity Company," the designation "LL  address on our records, ente  Enter Florida street address. F

## New Registered Agent's Signature, if changing Registered Agent:

DTC MIN CD LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dave Flaherty	2194 NW 82 Avenue	
		Doral, FL 33122	\exists Remove
			□Change
MGR	Jorge Carbajal	2194 NW 82 Avenue	Add
		Doral, FL 33122	Add Remove
			Gehange!  Option
			□Ald
			Change
			□Add
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e record specifies a delayed rd is filed.	d effective date, but not an o	effective time, at 12:0	l a.m. on the earlier of: (b	) The 90tl	ı day after tl
September 8th	2	024			
Dated	<del></del>	<del>/)-</del> -			
		1 /			

Typed or printed name of signee