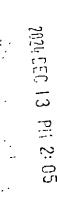
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(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor	porations	·	
CUBI	COT	BME Capital	1 UC	
SUBJI	:CI:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		<u> </u>	mila Gonzalez	
		(	Name of Person	
		<del></del>	Firm/Company	
		3217 SW 3	rd Tei	
			Address	
		Cape Coral	The 33991 City/State and Zip Code	
		1/115m; 22	City/State and Zip Code  (a) iclovd. Com  (to be used for future annual report notifical):	
		E-mail address:	to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please c	all:	
L	Jusmila f	Ponzaliz	at (239)233-	7303
	Name of	Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
d <b>⊅</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	tion

P.O. Box 6327
Tallahassee, FI. 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

abilityCompany as it now appears on our records.) orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number \( \alpha 24060442317 \) 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 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 Type of Action **Title** Name <u>Address</u> Unior Honzalez □Remove ☐ Change MGR YUSMila Honzalez □Remove  $\square$ Add Remove □Add □Remove □Change □Add \_\_\_\_ 
Remove \_\_\_\_\_ □Change \_ □Add □Remove

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(If an effe <u>Note:</u> I	tive date, if other than the date of filing:
the record	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 d.
Dated _	November 14th port
	Signature of a infinite or authorized representative of a member    Usinila Longalo Z   Typed or printed name of signer
	, , , , , , , , , , , , , , , , , , ,

DUL L. COSO