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COVER LETTER

TO: Registration S Division of Co			,
	GODETODO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	GEORGE JOVANOVIC		
		Name of Person	
	REX LEGAL LLC Firm*Company 66 W FLAGLER ST. SUITE 900 Address MIAMI, FL 33130 City/State and Zip Code INFO@REXLEGAL.COM IE-mail address: (to be used for future annual report notification) further information concerning this matter, please call: CORGE JOVANOVIC at (
		Firm/Company	Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ress:
	66 W FLAGLER ST. SUI	TE 900	
		Address	
	MIAMI, FL 33130		
		City/State and Zip Code	
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	E-mail address: (to be used for future annual report not	ufication)
For further information	concerning this matter, please c	all:	
GEORGE JOVANOVI	C		
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		Street Address:	
Registration Division of 6	Section Corporations		
P.O. Box 63	27	The Centre of	•
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUL 18 AM 10: 39

TETRAIGODETODO 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 Florida document number <u>L25000207097</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>. </u>
	, Flo	orida Zip Code
	City	Zip Code

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.

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>	Address	Type of Action
MGR	JUAN PABLO RODRIGUEZ	4448 NW 83RD AVE	🖹 Add
		DORAL, FL 33166	□Remove
		USA	
			□Add
			□Remove
		- Augustina -	□Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not	meet the appl	icable statutory	g or more than 90 da r filing requiremen	ys after filing.) Patts, this date wi	ursuant to 6 III not be li	05,0207 (3 isted as th
ne record specifies a delayed effective ord is filed.	e date, but n	ot an effective	time, at 12:01	a.m. on the earlie	r of: (b) The S	90th day at	iter the
Dated		2025					
				ntative of a member			

Typed or printed name of signee