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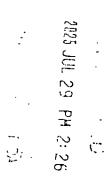
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: POSCO LICE Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeremy G ROSADO Name of Person
Jereny G Rasado LCC Firm/Company
655 OVERTON Grove way #428
Brandon, FL 33511
City/State and Zip Code OSCIDICY MY 5 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YEVEMU KUSAACO at 813 495 058 7 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Veremy G	Rosado	LLC
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 250002302</u>	any were filed on $\frac{5 15 20}{08}$	25 and assigned
This amendment is submitted to amend the following:		- 3
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce 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	
	, Flo	rida 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>	Name	Address	Type of Action
MGR	Fredeswinda Musio Gerena	3823 Osprey Pointe Country Haven, FC 33880	A Add
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