120000192256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(======================================
Certified Copies Certificates of Status
Gertified dopted
Special Instructions to Filing Officer:



100455469411

08/12/25--01013--007 **25.00

12025 AUG 12 PH 5: 47

Office Use Only

9/25/2025

COVER LETTER

TO:		ration Sec on of Corp			
CUDIC	L CT.	a Quimera	LLC		
SUBJEC	CI:		Name of Lim	ited Liability Company	
The encl	losed A	rticles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	eturn al	l correspon	dence concerning this matter	to the following:	
			Yatmara Gonzalez		
			•	Name of Person	
			La Quimera		
				Firm/Company	
			283 La Paz Drive		
			· · · · · · · · · · · · · · · · · · ·	Address	
			Kissimmee FL 34743		
			· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
			yatmaragr@gmail.com		
			E-mail address: (to be used for future annual report not	ification)
For furth	ner info	rmation co	ncerning this matter, please co	all:	
Yatmara	a Gonza	alez		813 735-9026	
		Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	d is a cl	ieck for the	following amount:		
■ \$25.	.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address tration Se		Street Address: Registration Se	ection
	Divis	ion of Co	orporations	Division of Co	
		Box 6327		The Centre of	
	i alla.	hassee, F	L 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 AUG 12 PM 5: 47

La Quimera LLC		50 to 1 to 2
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	SECTION STATE
The Articles of Organization for this Limited Liability Company Florida document number		
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	283 La Paz Dr	
	Kissimmee FL 34743	
Enter new mailing address, if applicable:		
	303 1 0 0	
(Mailing address MAY RE A POST OFFICE ROX)	283 La Paz Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee FL 34743	
B. If amending the registered agent and/or registered office	Kissimmee FL 34743	. enter the name of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee FL 34743	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee FL 34743 address on our records. Enter Florida stree	et address , Florida
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee FL 34743 address on our records. Enter Florida stree	rt address

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

Title	Name	Address	Type of Action
AMBR	Ivette M Ortiz	283 La Paz Dr Kissimmee Fl. 34743	■Add
			□Remove
			□Change
	<u> </u>	 	□Add
			□Remove
		 .	
			□Add
			□Remove
		 	☐ Change
		 	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

	(ontional)	
to date of filing or more than	90 days after filing.) Purs	uant to 605.0207
able statutory filing requi		not be listed as
me, at 12:01 a.m. on the	earlier of: (b) The 90th	h day after the
<i>c</i> .		
1/22		
n		
orized representative of a me	ember	
-		
	Jon tales	thorized representative of a member

Filing Fee: \$25.00