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COVER LETTER

والمراور مراءات

TO: Registration Section FILED **Division of Corporations** CORPORACION ESTRADA, LLC 2025 AUG -5 AM 9: 48 SUBJECT: Name of Limited Liability Company SEURETARY OF STATE TALLAHASSEE, FL The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Suhey Celeste Estrada Name of Person Firm/Company 3571 NW 102 ST Address Miami, FL 33147 City/State and Zip Code suheyestrada6@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Suhey Estrada Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

CORPORACION ESTRADA, LLC

907K AUG -5 AM 9: 40

(Name of the Lin	ited Liability Con (A Florida Limit	npany as it now appears on our recorded Liability Company BERIE JARY	SP STATE
		TALL AHAS	SEE, FL
The Articles of Organization for this Limited	Liability Compa	ny were filed on $\frac{0.77672025}{1}$	and assigned
Florida document number 1.25000326516	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lis	ability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BF A POST OFFICE	E ROVI		
Maning data ess (MATT IN). NATOST OFFICE	<u>. 60.0</u>		
B. If amending the registered agent and/or		ee address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	s
		. Flo	orida
		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	SUHEY C ESTRADA	3571 NW 102 ST, MIAMI, FL 33147	= Add
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Dated 25 th July 2005. Signature of a member or authorized representative of a member	rd is filed.	
Signature of a member or authorized representative of a member	Dated	25th July 2025
Signature of a member or authorized representative of a member		Suhey C.
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00