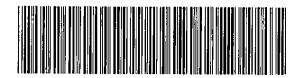
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COVER LETTER

TO: Registration Se Division of Cor					
	TO RD LLC				
SUBJECT:	Name of Lim	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	Stephen Guerrero				
		Name of Person		 	
	Guerrero Law Group PLLC			202411.2 - S. AMID: U8 FRY OF STATE	
		FirmeCompany		·	
	6600 Cow Pen RD 260			か 2007年 20	, <u>;</u>
		Address		EE'S	ì
	Miami Lakes, FL 33014			TATE , FL))
	· · · · · · · · ·	City/State and Zip Code		_ , , ,	
	SGUERRERO@THEGUE		_		
	E-mail address: (to be used for future annual report notil	ication)		
For further information c	concerning this matter, please ca	all:			
Stephen Guerrero		954 410-4338 ar ()			
Name c	d Person	Area Code Daytim	· Telephone Numbe	NT	
Enclosed is a check for (he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion		
Division of C		Division of Cor			
P.O. Box 631		The Centre of T		010	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite (810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3005 DESOTO RD LLC		
(Name of the Limited Liability C (A Florida La	Jompany as it now appears on our records mited Liability Company)	<u>s.</u> 1
The Articles of Organization for this Limited Liability Conflorida document number <u>L24000078611</u>	npany were filed on 02/13/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		13 4 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		AH IO:
The state of the s		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ffice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	Ŋ
	. Fle	orida
	Cin	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 on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RIPOLL, VICTOR M.	2970 UNIVERSITY PKWY SUITE 104	= Add
		SARASOTA, FL 34243	
			⊡Change
			□Add
			☐Remove ☐Change
			EAdd OF SHERemove OF SHEREMOVE OF SHEREMOVE OF SHEREMOVE
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		- ATE	_ CS
			
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Tective date, if other than the neffective date is listed, the date must	t be specific and cannot be prior to date of fili	(optional) ing or more than 90 days after filing.) Pursuar	at to 605.026
ite: If the date inserted in this ble cument's effective date on the De	ock does not meet the applicable statuto epartment of State's records.	ory filing requirements, this date will not	be listed a
	e date, but not an effective time, at 12.0	(La.m. on the earlier of: (b) The 90th c	lay after the
s filed.	2024		
is filed.	2024 rero		
is filed.	2024 ASSIGnature of a member or authorized representations.	entative of a member	

Filing Fee: \$25.00