## 106000048667

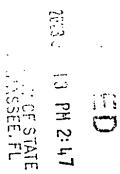
| (Red                      | questor's Name)  | <u> </u>    |
|---------------------------|------------------|-------------|
| (Add                      | dress)           |             |
| (Add                      | dress)           |             |
| (City                     | //State/Zip/Phon | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | siness Entity Na | me)         |
| (Doc                      | cument Number    | )           |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F | Filing Officer:  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
| <u> </u>                  |                  |             |

Office Use Only



600411812926

07/13/23--01006--003 \*\*25.03



R. HUNT 07/13/25

## **COVER LETTER**

|                | ision of Cor              |  |  |   |                |
|----------------|---------------------------|--|--|---|----------------|
| OLD HEET.      |                           | GLER, LLC  | ,  |   |                |
| SUBJECT:       |                           | Name of Lim  | ited Liability Company   |   |                |
| The enclosed   | Articles of .             | Amendment and fec(s) are sub                         | mitted for filing.   |   |                |
| Please return  | all correspo              | ndence concerning this matter                        | to the following:  |   |                |
|                |                           | JOHN P. MAAS, ESQ.                                   |  |   |                |
|                |                           |  | Name of Person   |   |                |
|                |                           | PELAEZ MAAS LAW, PI                                  | LLC  |   |                |
|                |                           |  | Firm/Company   |   |                |
|                |                           | 44 NE 16 STREET                                      |  |   |                |
|                |                           |  | Address  |   | ا<br>وست       |
|                |                           | HOMESTEAD, FL 33030                                  |  |   | . Sa           |
|                |                           | •  | City/State and Zip Code  | . >   |                |
|                |                           | DEEBONNIE26@GMAIL.                                   |  | );<br>(2)   | ည် လ  ,<br>-   |
| For further in | aformation c              | E-mail address: (<br>oncerning this matter, please c | to be used for future annual report no all:                      | tification)   | 13 PM 2:47     |
| CANDY BR       | OWNLOW                    |  | 305 247-7132   | ا<br>اب ت   | 47             |
|                | Name of                   | (Person  | Area Code Daytir   | me Telephone Number                                       | <del></del>    |
| Enclosed is a  | check for th              | ne following amount:                                 |  |   |                |
| ■ \$25.00 F    | iling Fee                 | ☐ \$30.00 Filing Fee &<br>Certificate of Status      | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Co (additional cor | of Status & py |
|                | iling Addres              |  | Street Address:<br>Registration Se                               | ection  |                |
| Div            | ision of C                | orporations  | Division of Co   | orporations   |                |
|                | ). Box 632<br>lahassee, I |  | The Centre of 2415 N. Monro                                      | Tallahassee<br>oe Street, Suite 810                       | ļ              |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | 119 S. FLAG                            |  | _                          |                       |
|---|--|--|----------------------------|-----------------------|
| (Name of the Limite   | d Liability Comp:<br>A Florida Limited | any as it now appears of<br>Liability Company) | n our records.)            |                       |
| The Articles of Organization for this Limited Lia Florida document number L06000048667          | ıbility Company                        | were filed on May                              | 10, 2006                   | and assigned          |
| This amendment is submitted to amend the follo  | wing:                                  |  |                            |                       |
| A. If amending name, enter the new name of  | the limited lial                       | oility company here:                           | :                          |                       |
| N/A   |  |  |                            |                       |
| The new name must be distinguishable and contain the wo   | ords "Limited Liabi                    | ility Company," the desig                      | nation "LLC" or the a      | bbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |  | N/A  |                            | 72                    |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |                            | نده<br><u>م</u>       |
|   |  |  |                            | <u></u>               |
| Enter new mailing address, if applicable:   |  | N/A  |                            | AYOF S                |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  | -                          | EN S                  |
|   |  |  |                            | m                     |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office address | 4 -                                    | address on our reco                            | ords, <u>enter the nan</u> | ne of the new registe |
| Name of New Registered Agent:   | N/A                                    | <u>-</u>                                       |                            |                       |
| New Registered Office Address:  | N/A                                    |  |                            |                       |
|   |  | Enter Florida                                  | street address             |                       |
|   |  |  | , Florida                  |                       |
|   |  | 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 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

| <u>Title</u> | <u>Name</u>          | Address             | Type of Action               |
|--------------|----------------------|---------------------|------------------------------|
| MGRM         | WANDA L. DIBENEDETTO | 26412 SW 173 PLACE  | □Add                         |
|              |                      | HOMESTEAD, FL 33031 | Remove                       |
|              |                      | ·                   | □Change                      |
|              |                      |                     |                              |
|              |                      |                     | Remove                       |
|              |                      |                     | Change                       |
|              |                      |                     | Add                          |
|              |                      |                     | 3 PHRemove 3 PHRemove Change |
|              |                      |                     | □Add                         |
|              |                      |                     | □Remove                      |
|              |                      |                     | □Change                      |
|              |                      | <del></del>         |                              |
|              |                      |                     | □Remove                      |
|              |                      | <del></del>         | □Change                      |
|              |                      |                     | □Add                         |
|              |                      |                     | □Remove                      |
|              |                      |                     | □Change                      |

| N/A  |                       |                  |             |  |
|--|-----------------------|------------------|-------------|--|
|  |                       |                  |             |  |
| <del></del>  |                       |                  |             |  |
|  |                       |                  |             |  |
|  |                       |                  |             |  |
|  |                       |                  |             | <del></del>                            |
|  |                       |                  |             |  |
|  |                       |                  |             |  |
|  | · <del></del>         |                  |             | <del></del>                            |
|  |                       |                  |             |  |
|  |                       |                  |             |  |
|  |                       |                  | <u> </u>    |  |
|  |                       | 2                | 73          |  |
|  |                       | ¥.,              |             |  |
|  |                       | - <del>S-K</del> | <del></del> |  |
|  |                       | - E. O.          | P           | 7                                      |
|  |                       | <u></u>          | <i>∴</i>    | 1 mg 2                                 |
|  |                       | 77.77            | <u>_</u>    | —————————————————————————————————————— |
|  |                       | ĹΉ               | 8           |  |
|  |                       |                  |             |  |
|  |                       |                  | _           |  |
|  |                       |                  |             |  |
| <del></del>  |                       |                  |             |  |
|  |                       | _                |             |  |
|  |                       |                  |             |  |
| ective date, if other than the date of filing:   | (op                   | tional)          |             |  |
| effective date is listed, the date must be specific and cannot be prior to date of filing or n   | nore than 90 days aft | er filing.) Pu   | rsuant te   | 605.02                                 |
| e: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records. | ng requirements, th   | iis date wil     | i not be    | histed                                 |
|  |                       |                  |             |  |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.  | on the earlier of     | (h) The O        | ith day     | after th                               |
| filed.   | on the carrier of,    |                  | om any      | ance u                                 |
| /  |                       |                  |             |  |
| July   |                       |                  |             |  |
| July 2023  |                       |                  |             |  |
| ed July 2023   |                       |                  |             |  |
| Jank Di Benedetto  |                       |                  |             |  |
| Signature of a member or authorized representative   | e of a member         |                  |             | _                                      |

Filing Fee: \$25.00