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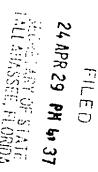
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COVER LETTER

TO:	Registration Se Division of Cor			
	DE	L CAMPO LLC		
SUBJEĊ	Tr:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		VICTOR PAGAN		
			Name of Person	
		QUALITY FINANCIA	AL AND TAX SERVICES LLC	
			Firm/Company	
		7550 FUTURES DRU	VE SUITE 206	
			Address	
		ORLANDO, FL 328/1	9	
			City/State and Zip Code	
		qualityfinancialtax@g		
		E-mail address; (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
VI	ICTOR PAGAN		407 218-1566	
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed	Lis a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	Section	Street Address: Registration Sec	
	Division of C P.O. Box 632	•	Division of Cor The Centre of T	-
	Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEL CAMPO LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL16000206499	oility Company were filed on	11/09/2016	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company hero	g:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applical	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
		<u> </u>	. 24
Inter new mailing address, if applicable:		######################################	- APR 29
(Mailing address MAY BE A POST OFFICE BOX)			3 m :
	, 		5
3. If amending the registered agent and/or regigent and/or the new registered office address		ords, enter the nam	e of the new regist
Name of New Registered Agent:	VICTOR PAGAN		
New Registered Office Address:	7550 FUTURES DRIVE SUF	TE 206	
	Enter Florid	a street address	
	ORLANDO	Florida	32819
	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
AR	JULISSA CARDONA	1860 CASTLETON DRIVE	□Add
		SAINT CLOUD, FL 34771	■Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			04/19/2024			
Note: If i	date, if other than the date we date is listed, the date must be the date inserted in this blocal's effective date on the Department.	c does not meet t	ot be prior to date o the applicable stat	f filing or more than cutory filing requir	(optional) 90 days after filing.) Purs ements, this date will i	uant to 605.0207 (3)(not be listed as the
	pecifies a delayed effective o	ate, but not an e	ffective time, at 1	2:01 a.m. on the e	arlier of: (b) The 90th	h day after the
he record spord is filed. Dated			24			
ord is filed.						
ord is filed.	APRIL 19			presentative of a mer	nber	