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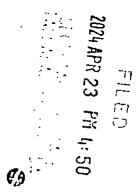
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COVER LETTER

Division of Cor			
SUBJECT:	Stesha LLC		
	Name of Limi	ited 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:	
	Ste	Sho Calder C	<u>)</u>
	<u> </u>	Firm/Company	
	<u>22657</u>	CKerel Circle	
	Boca	Porton F1. 33429 City/State and Zip Code	3
	Stesha. h E-mail address: (0	to be used for future annual report notif	äcation)
For further information of	concerning this matter, please co	all:	
Stesna (Catderon	at (<u>S(al</u>) <u>573 -</u> Area Code Daytime	S650 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stesha LLC	•	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L}16000224757$.	were filed on $2/20/24$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2021 APR 23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	- A. A.	()
New Registered Office Address:	Enter Florida street address	
	, Floric	la 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
AMBR	Jose A. Fuentes Vega	22657 Pickerel Ciecle Bora R	a ton Xada
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
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ecord spe s filed.	ecifies a dela	ayed effect	ive date, bu	it not an c	effective t	ime, at 12	:01 a.m. or	the earli	er of: (b)	The 90th	day after the
,	April	15		· 4	2024						
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ted				1	<u>l</u>		esentative o				