## 218000244507

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Certified Copies	Certificates	of Status
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Special Instructions to Fili	ng Officer.	

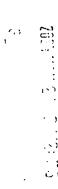
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SHRIFC	Le	musNay l	LLC		
SUBJEC		·	Name of Lim	ited Liability Company	<del></del>
The enclo	osed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all	correspo	ndence concerning this matter	to the following:	
			Nayra Lemus		
				Name of Person	<del></del>
			LemusNay LLC		
				Firm/Company	
			409 San Sebastian Prado		
				Address	<del></del>
			Altamonte Springs FL 327	14	
				City/State and Zip Code	<u> </u>
			nayralemus@gmail.com E-mail address: (	to be used for future annual report notificat	ion)
For furthe	er info	rmation co	oncerning this matter, please co	·	•
Nayra Le	2mus			407 496-7237	
Name of Person		Person	at () Area Code — Daytime Te	elephone Number	
Enclosed	is a ch	eck for th	e following amount:		
□ \$25.0	00 Filin	ng Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
 	Regis Divisi P.O. I	30x 632	ection orporations	Street Address: Registration Section Division of Corpor The Centre of Talls 2415 N. Monroe S	ations ahassee treet, Suite 810
				Tallahassee, FL 32	303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LemusNay LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000244507}{L18000244507}$ .	y were filed on 10/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ad	dress
		, Florida
	Cuy	, <b>Florida</b> Zip Code
New Registered Agent's Signature, if changing Registered Agent	i	CO 63
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties provided for in Chapter 60	e, and I am familiar with and 95, F.S. Or, if this document is .

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CFO	Vaneza Sosa	409 San Sebastian Prado	□Add
			■Remove
			□Change
MGR	Jorge Perez	409 San Sebastian Prado	□Add
			■Remove
			□ Change
			□Add
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ffective date, if other the an effective date is listed, the			date of filing or more than	(optional) 90 days after filing.) P	ursuant to 605.0207
<u>Vote:</u> If the date inserted in ocument's effective date o	this block does not	t meet the applicabl	e statutory filing requi-	rements, this date w	
ocument's effective date o	n the Department of	r State's records.			
record specifies a delayed. I is filed.	effective date, but n	iot an effective time	e, at 12:01 a.m. on the c	artier of: (b) The '	FOrn day after the
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		2024			,
May 14	<del>-//</del>	2	•		, ž
Dated May 14		/			
Pated May 14	Luce	,			. 1
Pated May 14	!/	a member or authoriz	ed representative of a me	mber	