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OZH SEP ZH PH 1: 52 SEGRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration So Division of Con			
CHIES ESSENCE	s Properties LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	<u>-</u>	
	Jose Holgado		
		Name of Person	
	Famimarcas Properties LL	C	
	·	Firm Company	
	1112 NW 141st Ave		
		Address	·-
	Pembropke Pines, FL 330;	28	
		City/State and Zip Code	····
	opraccounting@comcast.ne		
For further information of	E-mail address; (concerning this matter, please e	to be used for future annual report notiful.	fication)
Octavio V. Perez		33126 786-493-400	2
Name o	f Person		· Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	rtion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Famimarcas Properties LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/10/2019	and assigned
Florida document number 1.19000012773	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address:	Enter Florida street address	
	Flor	ida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Andrea Holgado Castro	1112 W. 141st Ave	
		Pembroke Pines, FL 33028	≣Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:	-	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated September 19th 2024 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00