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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		* **
SUBJECT: LOM1	A DEVELOPME	NT GROUP LL	С
	Name of Lim	ней Шарицу Сотрану	
		' 1.5 - 51' .	
	Amendment and fee(s) are sub		
Please return all correspor	ndence concerning this matter	to the following:	
	LEON ARD		D
		Name of Person	
		Firm/Company	202
	7961 N	w 53 (0u	RT ZE Z
		Address	
	LAUBERHIL	L FL 333	SECRETARY OF STATE STATLAND'S SEE, STATE NA. LOM. AR fication)
	LHOIDERHIE	City/State and Zip Code	
	LEDNARDO @	CMM - ARGENTI to be used for future annual report noti	NA LOM AR A
			fication) 177
For further information co	incerning this matter, please c	all:	
Roxana Tcje	da, csq	at (305) 894 - Atea Code Daytim	9366
Name of	Person	Arca Code Daytim	e Telephone Number
Enclosed is a check for the	-		
\$25.00 Filing Fee	S30.00 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 S		Registration Sec Division of Cor	
Division of Co P.O. Box 6327		The Centre of T	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2 2 2 6 2 0 1 9 and assist and document number 1 2 9 0 0 0 0 4 9 9 9 0 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LETT new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Florida document number <u>L 1 9 0 0 0 0 4 9 9 90</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: N A	
A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LC" or the abbreviation "LETTER NAME OF THE COMPANY OF THE ABBREVIATION TO THE	.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LEnter new principal offices address, if applicable:	.L.C."
Enter new principal offices address, if applicable:	.lC."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>ū</u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	, , ,
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida street address	
, Florida	<u>.</u>
City Zip Code Naw Popistarial Aport's Signature of abording Dogistarial Aports	

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.

A/N	
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>	Name	Address	Type of Action
T	Maria C. Sabato	7961 NW 53 CT.	□Add
	4 Shall remain as MGR only	Lauderhill, FL 3335	Remove
			🗀 Change
<u>S</u> _		7961 NW 53 CT.	□Add
	4 shall remain as MGR only	Lauderhill FL 33351	Remove
			□Change
			🗀 Add
			2022BCT
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effective date, if other than the date of filing:effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the date inserted on the Department of State's	he applicable stan	filing or more than story filing require	(optional) 90 days after filing.) Purements, this date will	rsuant to 605,0; not be listed
ford specifies a delayed effective date, but not an effiled.		2:01 a.m. on the ea	arlier of: (b) The 90	ith day after t
ed <u>Sept. 30</u> . 2				
Signature of a member				

Filing Fee: \$25.00