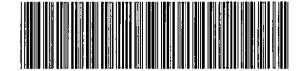
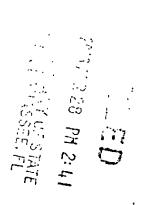
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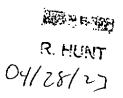
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Salcedo Real Estate LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Monica Caymares Salcedo Name of Person Firm/Company 1640 Arthur St. Address Hollywood FL 33020 City/State and Zip Code SalcedoRealtyFL@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monica Caymares Salcedo Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

## ARTICLES OF ORGANIZATION OF

| Salcedo Real Estate LLC   |  |   |   |
|---|--|---|---|
| (Name of the Limited Liability Con<br>(A Florida Limited  | npany as it now appears on ou<br>ed Liability Company) | ir records.)                              |   |
| The Articles of Organization for this Limited Liability Compa   |  |   | and assigned                            |
| Florida document number L20000011422  |  |   |   |
| This amendment is submitted to amend the following:   |  |   |   |
| A. If amending name, enter the new name of the limited l  | iability company here:                                 |   |   |
| Monica Caymares Salcedo LLC   |  |   |   |
| The new name must be distinguishable and contain the words "Limited L   | iability Company," the designa                         | tion "LLC" or the abb                     | reviation "L.L.C."                      |
| Enter new principal offices address, if applicable:   |  |   |   |
| (Principal office address MUST BE A STREET ADDRESS  | 2  | <u> </u>                                  |   |
|   |  | · · · · · · · · · · · · · · · · · · ·     | <u> </u>                                |
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| Enter new mailing address, if applicable:   |  |   | 200                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  | -  | 20 50 50 50 50 50 50 50 50 50 50 50 50 50 | 3 ln 4                                  |
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|   | <del></del>  | , ii                                      | =                                       |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:  | ice address on our record                              | is, <u>enter the name</u>                 | e of the new registe                    |
| New Registered Office Address:  | Enter Florida st                                       |   |   |
|   | Enler Florida si                                       | reet aaaress                              |   |
|   | C'a  | , Florida                                 | 7in Code                                |
|   | •  |   | rsp code                                |
| New Registered Agent's Signature, if changing Registered Ag   |  |   | Zip Code                                |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | lete performance of my of as provided for in Chap      | duties, and I am f<br>ter 605, F.S. Or.   | amiliar with and<br>if this document is |
| प्र   | Changing Registered Agent,                             | Signature of New Re                       | gistered Agent                          |

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address  | Type of Action |
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| Effective date, if      | other than the da                                 | te of filing               | <u>;:</u>                    |  | Fline or more  | than 90 day | (optional    | l)<br>og ) Pursnant i | to 605.0201 |
| If an effective date is | listed, the date must be<br>nserted in this block | specific and<br>does not m | cannot be pr<br>neet the app | nor to date of<br>dicable statt              | itory filing r | equiremen   | ts, this dat | te will not b         | e listed as |
| document's effect       | ve date on the Depa                               | rtment of S                | tate's recor                 | rds.   | •              |             |              |                       |             |
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| a record specifies      | delayed effective d                               | ate, but not               | an effective                 | e time, at 13                                | 2:01 a.m. on   | the earlier | of: (b)      | The 90th day          | y after the |
| ord is filed.           | . 40.2) 02 21.00                                  |                            |                              |  |                |             |              |                       |             |
|                         |   |                            |                              |  |                |             |              |                       |             |
| Dated April 25th        |   |                            | 2023                         |  |                |             |              |                       |             |
| Dated                   |   | , 1                        | , <del></del>                | ·  |                |             |              |                       |             |
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