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2023 OCT 25 PM 2: 32 SECRETARY OF STATE

COVER LETTER

Division of Corp	porations				
SUBJECT:	diz Alf LL	ited Liability Company			
	Same of Emil	aca Ganany Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
lease return all correspon	ndence concerning this matter	to the following:			
	- Joi ge	Martine 7 Name of Person			
	(adiz	ALF LLC Firm/Company			
	6425 Sil) 107-AUE Address		2023 OCT SECRET	77
	Michali FL	33 173 City/State and Zip Code		2023 OCT 25 PH 2: 32 SECRLIARY OF STATE TALLARASSEE, FL	
	CCCA 2 A LF I	LICOCOCAL CO	ication)	PH 2: 32 OF STATE SEE, FL	Care of the Care o
for further information co	oncerning this matter, please ca	ill:			
Jorge My Name of	CUTINE 7 Person	$\frac{1}{\text{Area Code}} \frac{305}{\text{Ode}} \frac{63-2}{\text{Daytime}}$	Telephone Number		
inclosed is a check for th	e following amount:				
道 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cardia ALFILC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\angle 2000130120$.	ny were filed on $\frac{5}{15}$	3/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "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:	e address on our records	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	collaction of the limited liability company here: The words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." In the words "Limited Liability Company," the designation "L.L.C." In the words "L.	
		Florida
	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 Type of Action <u>Address</u> Name Title Brian Trayillo 6425 SW 107 AUE May 76 33133 ____ □Change MGR rige Mantinez 16425 SW 107 AUE XAM _____ □Change □Remove □ Change □Add □Remove ______ □Change □Remove

□Change

. If amending any other information, enter change(s) here: (Attoch additional sheets, if no		
		
		
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	2: 32 STATE E FL	**************************************
Effective date, if other than the date of filing:	tional) ter filing.) Pursuant to 605.0. his date will not be listed)207 (3) I as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of cord is filed.	(b) The 90th day after t	the
Dated October 24 . 263 . Signature of a member or authorized representative of a member	<u></u>	
SOUGE MOSTINEZ. Typed or printed name of signee		