Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

: (512)597-0678 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERESITA LANTES LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

K. SALY

FEB 1 8 2025

Electronic Filing Menu Corporate Filing Menu

Help

To: Page: 2 of 4

2025-02-15 12:19:15 UTC+14 18 AKTICLES OF AMENDIVIENT 18506176383 TO ARTICLES OF ORGANIZATION **OF**

FILEL

Teresita Lantes LLC

(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 Florida document number $\frac{1.20000314159}{1.20000314159}$ | were filed on $\frac{10/05/2020}{}$ | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | | |
| Teresita Lantes Gonzalez LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company." the designation | "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: Name of New Registered Agent: | address on our records, <u>e</u> | | |
| N. B. (10% A.) | | | |
| New Registered Office Address: | Enter Florida street (| address | |
| | | | |
| | City | _, Florida Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| - | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my dutie provided for in Chapter (| es, and I am familiar with and 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

| To: | Page: 3 of 4 | 2025-02-15 12:19:15 UTC+14 | 18506176383 | From: ZenBusiness User |
|-----|----------------------------------|--------------------------------------|-------------------------------------|---------------------------|
| | Ti amending Authofized Person(s) | anthorized to manage, enter the time | <u>e, name, and address of each</u> | <u>person veing auded</u> |
| | or removed from our records: | | | |

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------|---------------------------------------|-----------------|
| AMBR | Teresita Lantes | | (DAdd |
| | | 1802 Cape Bend Ave Tampa, FL 33613 | ■ Remove |
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| Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department. | be specific and cannot be prior to ek does not meet the applicab | (optional) date of filing or more than 90 days after filing e statutory filing requirements, this date | e.) Pursuant to 605,0207 (|
| | date, but not an effective time | , at 12:01 a.m. on the earlier of: (b) T | he 90th day after the |
| d is filed. | | | |
| | 2025 | | |
| Dated February 14 /s/ Teresita Lantes Go | onzalez. | | |
| | | | |