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COVER LETTER

TO:

TO: Registration S Division of Co			
	A DESIGN AND MACHINE, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	FRANCISCO D. ESTRAI	III AC	
		Name of Person	
	ESTRADA DESIGN AND	MACHINE, LLC	
Firm/Company			
	8303 N 46TH ST.		
		Address	
		City/State and Zip Code	
	ESTRADADESIGNMACH	-	******
For further information	concerning this matter, please c	to be used for future annual report not all:	nicanon)
FRANCISCO ESTRAI	DA	813 9927876 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addry Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Cor	rporations
P.O. Box 63 Tallahassee.		The Centre of 1 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTRADA DESIGN AND MACHINE, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/20/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	[2]
		G)
Enter new mailing address, if applicable:		P:
(Mailing address MAY BE A POST OFFICE BOX)	-	. <u>.</u>
The state of the s	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ELYSSA A. ESTRADA	8303 N 46TH ST.	≣Add
		TAMPA, FL 33617	□Remove
			□Change
AMBR	DAX DENNIS D. ROXAS	17107 TURNING OAKS BEND	🖷 Add
		LUTZ. FL 33549	□ Remov e
			□Change
AMBR	DAN CHRISTEN D. ROXAS	8303 N 46TH ST.	
		TAMPA. FL 33617	
			■Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.
ument's effective date on the Department of State's records.	statutory titing requirements, this date with not be liste
cord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
JUNE 1st 2023	
ed	
Alma A	
Signature of a member or authorized	d representative of a member

Filing Fee: \$25.00