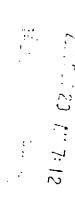
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COVER LETTER

TO: Registration Section Division of Corporations

RANCHO SA	AN LUCAS 54B LLC			
	Name of Lim	ited Liability Company		_
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orrespondence e	oncerning this matter	to the following:		
Chris	ntian Fong			
	-	Name of Person		
Law	Office of Christian Fo	ong, P.A.		
		Firm/Company		
237 5	5 Dixie Hwy Suite 46	7		
		Address		
Cora	l Gables, FL 33133			
		City/State and Zip Code		
christ				
	E-mail address: (to be used for future annual rep	ort notification)	
nation concerning	g this matter, please ca	111:		
Name of Person		Area Code	Daytime Telephone N	umber
k for the follow	ing amount:			
	_	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	Cer di Cer	00 Filing Fee, tificate of Status & tified Copy monal copy is enclosed)
	Cora Christination concerning Name of Person k for the follow Fee \$30	Christian Fong Law Office of Christian Fo 237 S Dixie Flwy Suite 467 Coral Gables, FL 33133 christian@cfonglaw.com E-mail address: (Coral Gables) (Cora	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Christian Fong Name of Person Law Office of Christian Fong. P.A. Firm/Company 237 S Dixie Hwy Suite 467 Address Coral Gables, FL 33133 City/State and Zip Code christian@cfonglaw.com E-mail address: (to be used for future annual reportation concerning this matter, please call: Name of Person Area Code St for the following amount: Fee \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Orrespondence concerning this matter to the following: Christian Fong Name of Person Law Office of Christian Fong, P.A. Firm/Company 237 S Dixie Hwy Suite 467 Address Coral Gables, FL 33133 City/State and Zip Code christian@efonglaw.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Person at (786 / Area Code) Name of Person ck for the following amount: Fee \$30.00 Filling Fee & \$55.00 Filing Fee & \$60. Certificate of Status Certified Copy radditional copy is enclosed i

Mailing Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANCHO SAN LUCAS 54B 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 were filed on $\underline{-05/14/2021}$ and assigned L21000225384 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LOS CABOS 54B LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9915 SW 139th St Enter new principal offices address, if applicable: Miami FL 33146 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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>	Address	Type of Action
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			□Remove
			Change
			🗀 Add
		□Remove	
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if amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
 -		
		
		
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lock does not meet the applicable statutory filing requirements, this date will not be listed	207 as
e record specifies a delayed effectiv rd is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ne
October 23 Dated	2024	
)		
lle	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
Christian Fong, Esq	.	

Filing Fee: \$25.00