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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: /	Dropids on	The Tree, LA	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	·	
		Prada Roja Name of Person	
	Orchia	15 on the tree	LLC
	3507 P.	Pantation Way	<i>⊋</i> ≥3
	Naples,	F/. 34112 City/State and Zip Code D 9 mail Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Lupe Pr Name o	rada Rojas f Person	at (<u>239</u>) <u>738 –</u> Area Code Daytim	PS 6 Telephone Number
Enclosed is a check for th	ne following amount:		
S \$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 Addres	S:	Street Address:	

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

Andide on the trace 140

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		•
	. 27	
Enter new mailing address, if applicable:	PH	
(Mailing address MAY BE A POST OFFICE BOX)	ب	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>	gist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 □ Remove _____ □Remove ______ □Change で _ OChange ... _____ □Change ______ 🗀 Add □ Change _____ □Add

□Remove

					
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cord specifies a dela s filed.	iyed effective date	e, but not an effect	ive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day after t
ed Augus	·	ture occarnoperor		ntdaye of a member	