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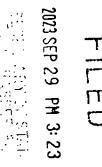
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COVER LETTER

TO:	Registration Se Division of Cor		• •	•
/34 *45 **1	* ****	opka Blvd LLC		•
SUBJE	CT:	Name of Lin	nited Liability Company	<u> </u>
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ALEJANDRO PICHARD	О	
			Name of Person	
		ACCOUNTING CENTER	OF ORLANDO LLC	
			Firm/Company	
		1706 E SEMORAN BLVI	O SUFFE 103	
			Address	
		APOPKA, FL 32703		
			City/State and Zip Code	
		APICHARDO@ACCOUN		
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
ALEJA	NDRO PICHAR	DO	407 5747340 at ()	
Name of Person				ne Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 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)
-				
. <u>Mailing Address:</u> Registration Section			<u>Street Address:</u> Registration Sc	etion
	Division of C		Division of Co	
	P.O. Box 632	•	The Centre of	
	Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2349 S Apopka Blvd 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 08/13/2021 ___ and assigned Florida document number $\frac{1.21000364870}{1.21000364870}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.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) أباض 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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MARTIN RODRIGUEZ	644 N WEKIVA SPRINGS RD	🗆 Add
		APOPKA, FL 32703	
			■ Change
			□Add
			©Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			ClChange
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in effective date o <u>te:</u> If the da	if other than the is listed, the date mu te inserted in this b active date on the D	ist be specific and lock does not r	l cannot be prior neet the applica	able statutory fi	rmore than 90 day ling requiremen	(optional) rs after filing.) Pu ts, this date wil	rsuant to 605,0207 I not be listed as
ecord specific is filed.	s a delayed effectiv	ve date, but not	an effective til	me, at 12:01 a.r	n. on the earlier	of: (b) The 90	Oth day after the
SEPTEN	1BER 22		2023				
ned				<u>) </u>			
			///				
		/	hast		ive of a member		