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(Requestor's Name)
(Address)
(13.00)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

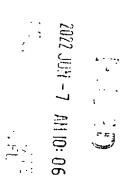
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COVER LETTER

CUDIEZT.	Square De	evelopers LLC		
SUBJECT:	Name of Lin	nited Liability Company	·····	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Juan Jose Cruz		
		Name of Person		
		Square Developrs LLC	•	
		Firm/Company		
	264	5 Executive Park Dr. Suite	e 338	
		Address Weston, Florida, 33331		
	-	City/State and Zip Code		
		cruz@zurk.us		
	E-mail address: (to be used for future annual r	eport notification)	
For further information e	oncerning this matter, please c	all:		
Juan Jo	se Cruz	786	556 - 4860	
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	
Mailing Addres Registration S		<u>Street Ad</u> Registra	dress: tion Section	

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

TO:

Registration Section Division of Corporations

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

Square Developers LLC

AH 10: 06

on08/24/2021 and assigned		
ny here:		
the designation "L.L.C." or the abbreviation "L.L.C."		
N/A		
N/A Our records, enter the name of the new registered N/A		
N/A rr Florida street address		
, Florida Zip Code		
this capacity. I further agree to comply with the ce of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is hereby confirm that the limited liability		

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
	N/A		
			□Remove
			□Change
	N/A		□Add
			□Remove
			□Change
	N/A		□Add
			□Remove
		-	□Change
	N/A		□Add
			□Remove
			□Change
 	N/A 		□Add
			□Remove
			□Change
	N/A		□Add
			[]Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	N/A
	
Effective da	ate, if other than the date of filing: (optional)
(If an effective)	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's	effective date on the Department of State's records.
he record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 01 2022

Filing Fee: \$25.00