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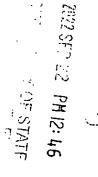
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A. RIVERS DEC 15 2022



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COVER LETTER

TO: Registration S Division of Co			
A	LORD LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	_	
	Carios Hasbun		
		Name of Person	
		Firm/Company	
	2704 SW 152 PLACE		
		Address	
	MIAMI, FLORIDA		
		City/State and Zip Code	
	cfhasbun@gmail.com		
For further information of	E-mail address: (concerning this matter, please o	to be used for future annual report no all:	ification)
Camilo Hasbun		786-208-59	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

768 GAYLORD 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 12/08/2021 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 766 GAYLORD LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 City 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 withand 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 Agen

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
			🗆 Add
			ПРеточе
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			DChange
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Effecti	date, if other than the date of filing: (optional) we 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 605.0	
ranene <u>Note:</u>	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	zo I a:
docume	's effective date on the Department of State's records.	
record d is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	he
G 13 1111		
Dated	ptember 14th 2022	
zaicu "		
	Signature of a member or authorized representative of a member	
	Carlos Hasbun	

Filing Fee: \$25.00