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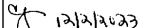
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
subject: <u>175</u>	80 NW 67 Pl , Name of Lin	LLC.	
	Name of Lin	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Reinaldo Gae	Stellanos, Esq. Name of Person	
	Reinaldo Casi	tellanos, P.A. Firm/Company	
	9960 SW 4	O 5T- Address	
	_ Miami, Fl 3 rey@castella	3/65. City/State and Zip Code n05/4w. Com to be used for future annual report noti	
For further information co	E-mail address: (fication)
<u>Reinaldo Ca</u>	<u>stellanos</u> Person	at (<u>305</u>) <u>22387</u> Area Code Daytim	7 4 14 e Telephone Number
Enclosed is a check for th	e 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)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17680 NW 67 Pl 11		2023 NOV 17 AM II: 08
17580 NW 67 Pl, 11 (Name of the Limited Liability of (A Florida Li	Company as it now appears on our mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on $01/1$	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>(2.2.2)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of the new registere
Name of New Registered Agent:		<u></u>
New Registered Office Address:	 Enter Florida street	address
	Emer viorida Meet	
	City	, 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 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>	Name	Address	Type of Action
MGR	Fernand Marcelo Alfuzzi Perez	9960 SW 40 ST. Miami, Fl 33165	ZAdd
	,,		□Remove
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(If an effe	ve date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Maria del Rosario Perez Duran, MGR Signature of a member or authorized representative of a member
	Maria del Rosario Perez Duran, MGR Signature of a member or authorized representative of a member
	Mayia del Rosario Perez Duran

Filing Fee: \$25.00