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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: San Jude	25 RU	CKYG LC.	
	Name of Linu	eca emismo Dompany	
	•		
The enclosed Articles of Amendment and	nd fee(s) are subn	nitted for filing.	
Please return all correspondence concer	ning this matter t	o the following:	
	JE	Se Cuellar Name of Person	
		~	
		Firm/Company	
_169	5 West	7th St Address	
00	lando,	FL 31614. City/State and Zip Code	
<u> </u>	niodasi Finail address: (t	TUCKING 14 CONT o be used for future annual report noti	10th Com.
For further information concerning this			
Jose Cudlar Name of Person		at (3 05) <u>746 c</u> Area Code Davtin	1605 ne Telephone Number
(Mille VI) CLAVII		7,114.11 (2.114)	
Enclosed is a check for the following a	mount:		
	Filing Fee & cate 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 Section		Street Address: Registration Se	
Division of Corporations		Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>L D D O 3470</u> . This amendment is submitted to amend the following:	1 1
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 100 (1)est 7th St O(lando, FL. 31814.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	188 west 7th st Orlando, Fl. 31814.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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.

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
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<u>e:</u> 11 ti ument	e date inserted in this bl s effective date on the D	lock does not: Department of '	meet the appt State's record	icable statutory	y filing require	ments, this da	te will not be liste
cord sp	ecifies a delayed effectiv	ze date, but no	n an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day after
s filed.							
ed <u>F</u>	ebinons 10	th	. 101	<u>)</u> .			
)	/1	سار حسومیمر				
		/ \/-	للمستهمين				
	1	Signature of a	member or aut	horized represer	ntative of a mem	ber	