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APPROVEU AND FILED

COVER LETTER

Tallahassee, FL 32314

	ion Section of Corporations	
	SON ACOSTA LLC	
SUBJECT:	Name o	f Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) ar	e submitted for filing.
Please return all co	orrespondence concerning this n	atter to the following:
	NELSON ACOSTA	SUAREZ
		Name of Person
	NELSON ACOSTA	LLC
		Firm/Company
	10753 SAVANNAH	LANDING CIRCLE
	 	Address
	ORLANDO, FL. 328	32
		City/State and Zip Code
		EALTOR2012@GMAIL.COM
	E-mail add	ess: (to be used for future annual report notification)
For further informa	ation concerning this matter, ple	ase call:
NELSON ACOST	'A SUAREZ	954 305 4655
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
□ \$25.00 Filing !	Fee \$30.00 Filing Fee & Certificate of Stat	
<u>Mailing A</u> Registra	Address: tion Section	Street Address: Registration Section
Division	of Corporations	Division of Corporations
P.O. Box	x 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELSON ACOSTA 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 $\frac{03/14/2022}{1}$ and assigned Florida document number $\frac{L22000117298}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NELSON ACOSTA SUAREZ LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) S 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 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
			□Remove
			□Change
			□Add
			Remove
			□Change
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<u>lote:</u> If t	date, if other we date is listed, the date inserted 's effective dat	d in this block	does not m	eet the app	licable statu	filing or more story filing re	than 90 days a quirements,	otional) fter filing.) Purs this date will	suant to 605.0207 not be listed as
record sp d is filed.	pecifies a delay	ed effective da	e, but not a	in effective	e time, at 12	:01 a.m. on t	he earlier of:	(b) The 90t	h day after the
Dated AP	PRIL 04			2022	_/				
	-	Sigi	arure of a m	onber or an	thorized rep	esentative of	ı member		
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Filing Fee: \$25.00