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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Adis Orla Name of Limi	PLLC ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	<i>f</i>	Name of Person	
	Adi	3 Otto PLL	
	9314 SW	173 Terr.	
	Palmetto Ortaq	Bay, FL 33 City/Stake and Zip Code 8375 @ ao	0157 (com
For further information con	ti-mail address; (t cerning this matter, please ca	o be used for future annual report notification II:	n)
Ad15 Or Name of P	+a erson	at (<u>305)</u> <u>801</u> – Area Code Daytime Telep	phone Number
Enclosed is a check for the	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 Se Division of Cor		Street Address: Registration Section Division of Corporate	

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	Or .
Adis A.de DI	2024 JUN 26 PM 2: 19
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 220001384</u>	spany were filed on $3/21/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The ACUTIO CIVOUP, PL 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 ADDRES)	Palmetto Bay, FL 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9314 SW 173 Terv. Palmetto Bay, FL 33157
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 3	115 Orta 14 5W 173 T-EVV. Enter Florida street address
Pa	Metto Bay Florida 33157 Zip Code

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
			\ \ \ \ \ \ \
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		<u></u>	Change
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			□Remove

- (7	Supervision Services
	Supervision Dervices
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
ne record s ord is filed	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
Dated	Signature of a member or authorized representative of a member
	Adis Orta

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Filing Fee: \$25.00