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SECRETARY OF STATE

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
LJI MAR SUBJECT:	CONDES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	· ·	SECF
	LEANDRO DE ALMEID		CRETARY OF STATE
	LJJ MARCONDES LLC	Name of Person	OF STA
		Firm/Company	TH :
	17450 DR PHILLIPS BLV	/D, STE 303	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	contact@connectionaccoun	ting.com to be used for future annual report notificat	
For further information	concerning this matter, please c	·	(OH)
	- '	au:	
LEANDRO DE ALME		407 704-4929 at ()	
Name	of Person	Area Code Daytime Te	lephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of O	Section	Street Address: Registration Section Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJJ MARCONDES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ES T
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/05/2022}{}$ and assigned
Florida document number 1.22000213901
This amendment is submitted to amend the following:
This amendment is submitted to affend the following.
A. If amending name, enter the new name of the limited liability company here:
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)
Stating address MAT DE ATOST OF FICE 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	JOSE FONSECA MARCONDES	17450 DR PHILLIPS BLVD, STE 303	= Add
		ORLANDO, FL 32819	□Remove
			□ Change
			🗖 Add
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D. İfan	nending any other infor	mation, enter change(s) her	re: (Attach additional s	heets, if necessary.)	
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