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DIVISION OF CLUBOLATION

22 JUL -5 PM 3. C.

CO FRANCISCO A ANDRE

TO: Registration Section Division of Corporations	
SUBJECT: Sucen Ma	ils Yai LLC
N	lame of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
<u> </u>	Name of Person
	Name of Person
	N/A
	Firm/Company
4	SUULLI ZUTH AVE APT ST.
	5441 W 24th Ave APt 57. Address
	this lack 51 and 16
	City/State and Zip Code
ļ	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Com. Co
E-m²	il address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Yaima Jimenez	2 Trujillo at (786) 374 - 9480 Area Code Daytime Telephone Number
/ Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	ı:
\$25.00 Filing Fee S30.00 Filing Certificate of	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Company issue	Division of Companytions

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

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	Company)		
The Articles of Organization for this Limited Liability Company were file Florida document number <u>22200023/528</u>	ed on <u>05 / 18 / 2025</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2 0	
(Principal office address MUST BE A STREET ADDRESS)		Jr d	
		7 (C)	
Enter new mailing address, if applicable:		No Web	
Mailing address MAY BE A POST OFFICE BOX)		9 FE	
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	· <u>· · · · · · · · · · · · · · · · · · </u>		
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	on our records, <u>enter the n</u>	ame of the new regis	
Name of New Registered Agent:			
N. B. Carlo (1007) A.H. Carlo			
New Registered Office Address:	Enter Florida street address		
	Florida	-	
		Zip Code	
City			

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

or removed	from our records:	3 /	
MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	Jaimi Jimenez	5441 W24th Ale Apt 57 Higlech, FL 33016	Add
	0 / 70):110	Hialech, FL 33016	□ Remove
			□Change
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			□Remove
			Add Constitution PH Remove
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e: If the date inser		ot meet the applicable sta			
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ord specifies a dela filed.	ayed effective date, but	not an effective time, at	12:01 a.m. on the ea	rlicr of: (b) The 9	0th day after
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	Sjenature o	2022 Limine of a member or authorized of	presentative of a men	W	
		Typed or printed name			