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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section

Division of	Corporations		
Ledaq I	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Mateo E DuqUE		
		Name of Person	
	Leduq LLC		
	-	Firm/Company	
	579 N State Rd 7		
		Address	~
	Royal Palm Beach, Fl 334	111	3
		City/State and Zip Code	
	mateoduquef@hotmail.com		
For further information	on concerning this matter, please o	to be used for future annual report not call:	1
Mateo E Duque		754 2363415	:: 27
	ne of Person	at ()	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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)
<u>Mailing Ado</u> Registratio		<u>Street Address:</u> Registration Se	ection
Division o	f Corporations	Division of Co	rporations
P.O. Box 6 Tallahasse	6327 ee, FL 32314	The Centre of 2415 N. Monro	l'allahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEDOCETIC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000260616	were filed on JUNE 6, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1520 WHITE HALL DRIVE
(Principal office address MUST BE A STREET ADDRESS)	1520 WHITE HALL DRIVE APT 105 DAYIE 33324
	FL 3
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If we discuss the second se	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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	MARIA J DUQUE	579 N STATE RD 7	□Add
		ROYAL PALM BEACH, FL 33411	Remove
			□Adđ
			Remove
			□Change
			, ,
			☐ Remove
			—; ☐Change
			⁻
			Remove
			□Change
			□Add
			Remove
			□Remove
			□Change

	
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.03 ble statutory filing requirements, this date will not be listed
s filed.	ic. (a. 12.01 dail. on the carner of. (b) The 90th day after the
ted DECEMBER 29 . 2022	
Signature of a member of a para-	red refresentative of a member