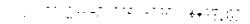
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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | |
|---|------------------------------------|---|---|---|
| SUBJEC | | RIEL PROPERTIES LLC | | |
| SUBJEC | | Name of Lin | nited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | |
| | | GERARDO MARTINEZ | | |
| | | | Name of Person | |
| | | AMIGO ACCOUNTING | & TAX SERVICE LLC | |
| | | | Firm/Company | |
| | | PO BOX 690365 | | |
| | | | Address | |
| | | VERO BEACH FL 329 | 69 | |
| | | | City/State and Zip Code | |
| | | martinezvero@bellsouth.ne | | |
| r ć a | · 6 | | to be used for future annual report noti | fication) |
| ror iumne | er information c | oncerning this matter, please c | all: | |
| Gerardo | Martinez | | 772 473-3459 at () | |
| | Name o | f Person | | e Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| ■ \$ 25.0 | 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) |
| | Mailing Addres | | Street Address: | ation. |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAN GABRIEL PROPERTIES LLC | | |
|---|---|---------------------------|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our records.) nited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000260903</u> | pany were filed on 06/07/2022 | and assigned |
| This amendment is submitted to amend 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 th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES. | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, enter the n | _ |
| | | SECRET TALL |
| Name of New Registered Agent: | | |
| New Registered Office Address: | - | 1-2 HW |
| | Enter Florida street address | |
| | , Florida | E ST ST |
| | 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 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 |
|--------------|----------------------|------------------------|----------------|
| AMBR | JOSE FRANCISCO GOMEZ | 943 SW SULTAN DRIVE | = Add |
| | | PORT ST LUCIE FL 34953 | □Remove |
| | | | □Change |
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| fective date, if other than the date of filing: (optional) (opti | | <u> </u> | | | |
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