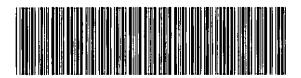
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #/	
(Cil	y/State/Zip/Filone #,)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
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	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			;		
Madrid Pro	perty, LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Angela Maria Hoyos				
		Name of Person			
		Firm/Company		<u> </u>	
	13723 Cromer Ct			2022 JU SECRE	
	Wellington, FL 33414	Address		JUL - I A DREIARY O AHASSEE	
	loanbyangela@gmail.com	City/State and Zip Code		AMII: I	
		to be used for future annual report notifica	ution)	100 P	
For further information c	oncerning this matter, please c	all:			
Angela Maria Hoyos		561 301-7412 at()			
Name o	f Person	Area Code Daytime T	elephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration S		Street Address: Registration Secti	on		
Division of C P.O. Box 632	Corporations	Division of Corpo The Centre of Tal	rations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madrid 1365, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n 06/16/2022 and assigned
Florida document number L22000275319	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
Madrid Property LLC	
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)	
	A: 022
	ARE JUL 11
Enter new mailing address, if applicable:	388.1
(Mailing address MAY BE A POST OFFICE BOX)	me » Di
maning dadress SIAT BEATOST OFFICE BOX	
 	
B. If amending the registered agent and/or registered office address on o	ur records enter the name of the new register
agent and/or the new registered office address here:	records, ener the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	, Florida
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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		06/16	/2022				
Effective date, if other than (If an effective date is listed, the date	he date of a nust be specif	filing: ic and cannot b	e prior to date of	filing or more th	(optional) an 90 days after	o nal) filing.) Pursuar	nt to 605.020
Note: If the date inserted in thi document's effective date on the				utory filing req	uirements, this	date will not	be listed a
he record specifies a delayed effeord is filed.	etive date, bu	it not an effec	stive time, at 13	2:01 a.m. on th	e earlier of: (b) The 90th o	lay after the
Dated June 28		2022					
			MADE				

Filing Fee: \$25.00