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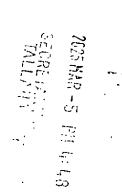
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COVER LETTER

	gistration Sect ision of Corpe				
SUBJECT:	Lazflores Rea	lty LLC			
Name of Limited Liability Company					
		mendment and fee(s) are sub- lence concerning this matter	·		
		Lazaro Flores			
		· 	Name of Person		
		Lazflores realty LLC			
			Firm/Company		
		19500 NW 23ct			
			Address		
		Miami Gardens, Fl. 33056			
			City/State and Zip Code		
		lflores@florescorp.net			
		E-mar) address: (to be used for future annual report notific	cation)	
For further in	nformation con	cerning this matter, please ca	all:		
Lazaro Flore	es		786 333-1613		
linely und in a	Name of P	following amount:	Area Code Daytime	Telephone Number	SECRETATION FOR FOR
		_			至
≣ \$ 25,00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LazFlores Realty LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/20/22 and assigned Florida document number 1.22000278039 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rives Lux Consulting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 92300 Overseas Highway Enter new principal offices address, if applicable: Suite 207 (Principal office address MUST BE A STREET ADDRESS) Tavernier FL 33070 18117 Biscavne Blvd Enter new mailing address, if applicable: PMB 61797 (Mailing address MAY BE A POST OFFICE BOX) Miami FL 33160 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 Florida City 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
			□Add
			☐ Remove
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<u>te:</u> If th	date, if other than the date is listed, the date in the date in this is effective date on the	block does no	ot meet the app	dicable statutor	ng or more than 90 o y filing requireme	_ (Optional) lays after filing.) Pr ents, this date wil	ursuant to 605.02 I not be listed
cord sp s filed.	ecifies a delayed effec	tive date, but	not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 9	Oth day after th
ed	ruary 25th		2025	<u> </u>			
		Signature o	a member or a	athorized represe	ntative of a membe	r	

Filing Fee: \$25.00