

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H24000339095 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000339095 3)))



H240003390953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305)932-6262  
Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@Serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EUREKA 2022 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 OCT -8 PM 2:04

CLERK OF COURTS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2024 OCT -8 PM 5:43

FILED

FEB 30 100

111

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4240003390953

EUREKA 2022 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 07/13/2022 and assigned  
Florida document number L22000316460

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2024 OCT -8 PM 5:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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

City, Florida 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 505, 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



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 7th, 2024

October 7th

*J. O. R. L. H. I. T.*

Signature of a n

Leopoldo Loregزين-Gavilan

Typed or printed name of signer