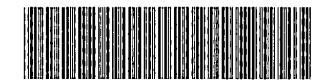
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Special Instructions to	Filing Officer:	
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Office Use Only

A. RIVERS JAN 2 6 2023



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SECRETARY OF STATE

## **COVER LETTER**

TO:

Tallahassee, FL 32314

SUBJECT: SUARGE GUGRETO PROPERTIES L  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	<u>L</u> C .
Please return all correspondence concerning this matter to the following:	
Parer oin Person	
Firm/Company	
City/State and Zip Code  PRESEC @ Orion - title . Co	——————————————————————————————————————
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	<u> </u>
Name of Person  Name of Person  Area Code  Daytime Telephone Nur	imber :
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:		1141 338	)022 F	فريمانت مه
	Enter Florida street address	学品	A01	71
	, Florid	a PSS	ယ်	
	City	The Zip	o <u>Code</u>	[7]
New Registered Agent's Signature, if changing Registered Agent:		T (2)	<u> </u>	$\Box$

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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGC	Mania	VICTORIA SAGE	C 2800 WESTO	n RU+204 137 □Add
				Remove
				☐ Change
MGC	1-11	310x1VBM	2800 WESTON	1 Pcl #204 DAdd
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D. It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an e Note:	tive date, if other than the date of filing:
If the reco	rd 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 iled.
Dated	Signature of a member or authorized representative of a member
	Signature of a monder of a member
	Typed or printed name of signee

Filing Fee: \$25.00