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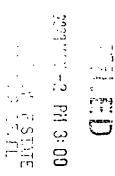
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R. HUNT O5/OU/23

COVER LETTER

TO:

TO: Registration S Division of Co			
42 E CEN T T 2 4 32T2	AZ PROPERTIES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MILAGRO D ROJAS PA	Z	
		Name of Person	
		Firm/Company	
	12052 MODENA LANE		229
		Address	
	ORLANDO,FL 32827		
	MILAROJASREALTOR@		THE THE STORE OF T
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	- 100 - 100 - 100
MILAGRO D ROJAS	PAZ.	407 496-7054 at ()	
Name	of Person	Area Code Daytime Telephone N	umber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	nite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L22000364839	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MILAGRO DEL CARMEN ROJAS PAZ LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	
Enter new principal offices address, if applicable:		() ()
(Principal office address MUST BE A STREET ADDRESS)		- 1 1
The party of the market was to be a second of the second o		1 70
		7-5 (70)
Enter new mailing address, if applicable:		3 5 5
(Mailing address MAY BE A POST OFFICE BON)		F-1 0
Maning dadress MAT BE AT OUT OF THE HOLY		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> o	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	PSS
		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 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>	Address	Type of Action
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			□Remove
			☐Change
			□Add
			□Remove
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ective date, if other than th	a date of filings		(optio	nal)	
effective date is listed, the date mute: If the date inserted in this burnent's effective date on the I	st be specific and cannot be prio lock does not meet the appli	cable statutory filing re	than 90 days after	filing.) Purst	iant to 605,020 of be listed in
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th	day after the
APRIL 24	2023		_		
···	Eliaco t	gai !)		

Typed or printed name of signee