

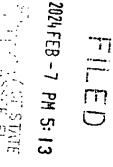
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COVER LETTER

TO: Registration Section

Division of Co	rporations		
		P MENDOZA, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
riease return all corresp	ondence concerning this matter	to the following.	
	Ivanna P Mendoza Heredi	a	
		Name of Person	
	Ivanna P Mendoza, LLC		
		Firm/Company	
	4791 NW 6th St		
		Address	
	Miami, FL 33126		
	vicetor 181@annil aum	City/State and Zip Code	
	vicelop484@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Ivanna P Mendoza Heredia		786 439-4717 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of OP.O. Box 63	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVANNA P MENDOZA, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000514314</u> .	were filed on 12/07/2022 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:				
IVANNA P MENDOZA HEREDIA LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	pal offices address, if applicable: 11951 INTERNATIONAL DRIVE, SUITE 2A2				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32821				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32821				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida 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
			D∧dd
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fan effective date i Note: If the date	f other than the stated, the date must inserted in this blottive date on the De	be specific and ca ock does not mee	innot be prior to dai et the applicable	te of filing or more	than 90 days after fi	ling.) Pursuant to 60:	5.0207 ted as
record specifies d is filed.	a delayed effective	date, but not an	i effective time, a	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
Dated			<u> </u>				
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Filing Fee: \$25.00