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SEURE JARY DE STATE TALL AHASSEE, FLORIDA

COVER LETTER

TO:

SUBJECT: 30	5 Gardens L	· ·	
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Name of Limited Liability Company losed Articles of Amendment and iee(s) are submitted for filting. eturn all correspondence concerning this matter to the following: Daniella Fenandez Name of Person 305 Cardens Firm/Company 2290 NW 108th AVE Address Miami, FL 33172 City/State and Zip Code daniella Fenandez at (786) 483 - 9434 Name of Person at (786) 483 - 9434 Name of Person Daytime Telephone Number		
	305 Gar	せん S Firm/Company	
	2290 NW		
	danie 20 E-mail address: (1	55 gardons.co	tification)
For further information	on concerning this matter, please ca	all:	
Daniella			
71011	ac of Ferron	Area Code Dayin	me reteptione (varioe)
Enclosed is a check to	or the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio	on Section	Registration Se	
	•		•
	e, FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

500 Caraen		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compan Florida document number 92-19-12-9-42. L 230000 25 900 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	y were filed on 💋 🛭	1-12-2023 and assigned
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202: SE:
		AHE JU T
	-	SS I
Enter new mailing address, if applicable:		We was
	-	<u>~'' </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code Registered Agent's Signature, if changing Registered Agent:	Florida	
	In office address MUST BE A STREET ADDRESS) We mailing address, if applicable: address MAY BE A POST OFFICE BOX) Ending the registered agent and/or registered office address on our records, enter the name of the new registered for the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code stered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the st of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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
MGR	Daniella Fernandez	2415 NW 16th St RD #51	2 XAdd
		Miami FL 33125	□Remove
			□ Change
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fective date, if other an effective date is listed, the ote: If the date inserted becoment's effective date	ne date must be spec in this block doe	ific <mark>and cann</mark> e s not meet tl	ne applicable	te of filing or m statutory filing	ore than 90 days a	ptional) after filing.) Purs this date will i	uant to 60 not be lis	5.020 ted a
record specifies a delaye is filed.	d effective date. I	out not an ef	fective time,	ut 12:01 a.m. c	on the earlier of	f: (b) The 90t	h day af te	er the
nted JUNE	28	. 20	<u> 223</u>					
	Signan	re of mimbe	er or authorized	l representative	of a member			
— -	Signati	re of Initiable	er or authorized	representative	of a member			