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Division of Corporations

Fax Number

: (850)617-6383

From:

: S.LLANIO BUSINESS SERVICES INC Account Name

Account Number : 120200000011 : (239)542-9104 : (239)540-1760 Fax Number

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

Sollanio busin

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA ESTRELLA DE DIOS LLC

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T. LEMIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>**</b>	#	•	OF	•
	LA ESTR	ELLA DE DIOS LLC		
		(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>a)</u>
The Article	es of Organiz	ation for this Limited Liab	ility Company were filed on 01/18/2023	and assigned
		cr <u>L23000034120</u>		
This amen	dment is subr	nitted to amend the follow	ing:	
A. If ame	nding name,	enter the new name of th	ne limited liability company here:	
The new nan	ne must be disti	nguishable and contain the word	Is "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new	v principal of	ffices address, if applicab	le:	
(Principal	office addres	SS MUST BE A STREET.	ADDRESS)	
Enter nev	v mailing add	dress, if applicable:		
(Mailing a	address MAY	BE A POST OFFICE BO	28)	
				. = . = . = . = . = . = . = . = . = . =
B. If ame	ending the re	gistered agent and/or reg	istered office address on our records, enter	the name of the new register
agent and	i/or the new :	registered office address	<u>ltere</u> :	PHI
<u>ī</u>	Name of New	Registered Agent:		
<u>}</u>	New Register	ed Office Address:	Enter Florida street addres:	s
				orida
			Cltv.	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 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
SEC	MAZZARELLA, JOSSIE A	401 W 9TH ST	□Add
		LAKELAND, FL 33805	■Remove
			□Change
			П Венюче
			DAdd
			□Remove
			☐ Change
			DAdd
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· cc 42	:6	her than the d	sts of filing	07/11/2023			(optional)	
fan effect Note: If	tive date is list the date ins	ed the date must b	e specific and k does not m	cannot be prior seet the applic	able statutory	or more than 90 filing requirer	days after filing.)	Pursuant to 605.02 will not be listed :
record : d is filed		elayed effective	iate, but not	an effective ti	me, at 12:01 :	a,m. on the ear	lier of: (b) The	90th day after th
Oated _	7/11	,	,	2023				
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