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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		•
SUBJECT:B	lerdz LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for tiling	
Please return all correspo	ondence concerning this matter	to the following:	
	Wil	liam Duran Jr	
		Name of Person	
		Firm/Company	
	2 4 8	Sth Ave	
	Address		
	St	City/State and Zip Code	53040
		City/State and Zip Code	
	E-mail address: (1	sduranje @ gmail	fication)
For further information c	oncerning this matter, please co	all:	
Willia	m Duran Jr	at (305) 433 -	0177
Name o	d Person	Area Code Dayrim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	≰ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	ente L				
(Name of the Limited (A	Liability Compai Florida Limited L	<u>ny as it now appear</u> .iability Company)	s on our records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on	1/23/2	0 23 and a	ssigned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited <u>li</u> ab	ility company he	ere:		
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the d	esignation "LLC" or	r the abbreviation "	L.L.C."
Enter new principal offices address, if applicab	ole:			26	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	-		0	• •
		 	·	. 10	
Enter new mailing address, if applicable:				****** ***** *****	• •
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			<u>့</u> ထ္ —	
				ं ज	
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :				<u>ew registered</u>
Name of New Registered Agent:	- Love	c-Hntho	my Du	ran	
New Registered Office Address:	15	Boca C	iny Du hica Rd	<u>\lambda</u> .	
	Key	West	rida street address, Floric	da 3304	S
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marc-Anthony Duran	15 Boca Chica Rd.	√ i Add
	,	15 Boca Chica Rd. Key West, FL 33040	Remove
			□Change
			🗆 Add
			□Remove
		.	□Change
			\BAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
		161 20	□Remove
			□Change

	
	
**	
If an effective date is liste	her than the date of filing:(optional) ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0203 erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	date on the Department of State's records.
e record specifies a del rd is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11-24. 2024
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00