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/A.J.		
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COVER LETTER

Division of Co				
P&M SAL	ES LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	smittad for filing		
		-		
Please return all correspo	ondence concerning this matter	to the following:		
	ADA URDANETA			
Name of Person				
	ADA URDANETA			
		Firm/Company		- , r ·
	2520 FOLIO WAY			}
		Address		- i
	KISSIMMEE, FL 34741			
	ADACAROL1984@GMAI	City/State and Zip Code L.COM		-
		to be used for future annual report notif	ication)	
to the all the court of				
FOR JURDANETA	oncerning this matter, please c	au: 407 2724184		
ADA UKDANI.IA				
Name o	l'Person	at () Area Code Daytime	Telephone Numbe	ı.
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations	
Tallahassee, FL 32314		2415 N. Monroe Tallahassee, FL	Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAWE SALTES LTC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ lorida document number $\frac{1.23000040405}{1}$.	1/23/2023 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	nere:
ne new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Y P-
	<u>.</u>
	t
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	1.
. If amending the registered agent and/or registered office address on our	records, <u>enter the name of the new regi</u> s
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	Elanda.

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.

Cinv

Zin Code

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
AMBR	ADA URDANETA	2520 FOLIO WAY KISSIMMEE, FL 34741	
			= Add
			□Remove
			□Change
		-	
			□Add
			□Remove
		□Change	
			<u>c.</u> DAdd
		-	v □ Remove
			. fs.:
			Change
		- -	C.` 2
			□Remove
			□Change
			□Add
		□Remove	
		□ Change	
			
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. FEBRUARY 01 2023 Dated member or authorized representative of a member Signature of a ADA URDANETA

Typed or printed name of signee