L23000043295

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: C.O.LOI	ritul II.C.		
30b3Ec1(/ O) //3	rity IIC Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paura	Hernandez Name of Person	
		Firm/Company	
·	197 W FC	urbanks Ave 41	4
		Park, Fl. 3278°	
		City/State and Zip Code and 12050 yahoo to be used for future annual report notif	
For further information c	oncerning this matter, please ca		
		at (<u>407</u>) <u>867-7</u> Area Code Daytime	787 Telephone Number
Enclosed is a check for the	ne 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)
Madilian Addam		Street Address	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000043</u> 295	were filed on <u>Januarp3</u> , 2083 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:
Rearty Rearty En The new name must be distinguishable and contain the words "Limited Liabil	oup ic
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	150 E. Robinson Street juit 1206
(Principal office address MUST BE A STREET ADDRESS)	150 E. Robinson Street just 1206 Dylando, Fl. 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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>	Name	Address	Type of Action
			Remove
			□Change
			□Add
			Remove
			Change
			🗀 Add
			Remove
			Change
<u></u>			
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			Remove
			[]Change

	<u> </u>
-	
m effectiv <u>ote:</u> If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	May 05 . 2023.
	Signature of a member or authorized representative of a member
	Laura Hernandez
	Typed or printed name of signee

Filing Fee: \$25.00