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| (Requestor's Name)                      |   |
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| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
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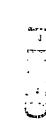
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2023 APR -4 PH 1: 52



## **COVER LETTER**

| TO: Registration Section Division of Corporation     | ons   |   |                  |               |           |
|--|---|---|------------------|---------------|-----------|
| SUBJECT: Natacha                                     | 5. ILANIO<br>Name of Lim                    | ited Liability Company  |                  |               |           |
| -  |   |   |                  |               |           |
| The enclosed Articles of Amend                       | ment and fee(s) are sub                     | mitted for filing.  |                  |               |           |
| <ul> <li>Please return all correspondence</li> </ul> |   |   |                  |               |           |
| И  | atadha:                                     | Name of Person  |                  |               |           |
|  |   | Pi /G   |                  |               |           |
| 9 <u>0</u>   | 17 NE 134<br>141 Miam                       | Address  City/State and Zip Code                                  |                  | 2723 APR -4   | 475-1<br> |
| N04  | XLACHE-mail address: (                      | his be used for future annual report notific                      | cation)          | PH 1:5        |           |
| For further information concerni                     | ng this matter, please ca                   | all:  |                  | 52<br>TE      |           |
| Name of Person                                       | ion   | at (186) 489-3<br>Area Code Daytime                               | Telephone Number |               |           |
| Enclosed is a check for the follo                    | wing amount:                                |   |                  |               |           |
|  | 30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (      | e of Status & |           |
| Mailing Address: Registration Section                | 1   | Street Address:<br>Registration Sec                               | tion             |               |           |

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

Natachas. Ilarian 11.C.

| (Name of the Lim  | ited Liability Compai<br>(A Florida Limited L | ny as it now appears e<br>liability Company) | on our records.)          |            | _               |                |
|---|---|--|---------------------------|------------|-----------------|----------------|
| The Articles of Organization for this Limited I Florida document number <u>L3300080</u>     | _iability Company                             | were filed on 📆                              | 14-2023                   | ar         | nd assigr       | ned            |
| This amendment is submitted to amend the fol  | lowing:                                       |  |                           |            |                 |                |
| A. If amending name, enter the new name   | of the limited liabi                          | ility company here                           | <b>:</b> :                |            |                 |                |
| The new name must be distinguishable and contain the  | words "Limited Liabil                         | ity Company," the desi                       | gnation "LLC" or the      | abbreviati | ion "L.L.C      | ** 18<br>      |
| Enter new principal offices address, if appli   | cable:  |  |                           |            |                 |                |
| (Principal office address MUST BE A STRE  | <u>ET ADDRESS)</u>                            |  |                           |            | 29/3 EPR        | 1 J            |
| Enter new mailing address, if applicable:   | , nove  |  |                           | ·          | - <del> </del>  | <del>-</del> ; |
| (Mailing address MAY BE A POST OFFICE   | <u>:                                    </u>  | -  |                           | <u> </u>   | 1: 52           |                |
| B. If amending the registered agent and/or agent and/or the new registered office addresses |   | address on our rec                           | ords, <u>enter the na</u> | ame of th  | <u>ie new r</u> | egistered      |
| Name of New Registered Agent:   | Nataclio                                      | S. Ilar                                      | ion Trus                  | it_        |                 |                |
| New Registered Office Address:  | 407 NE  | 134th Sty                                    | a street address          |            |                 |                |
|   | Morth M                                       | City   | , Florida                 |            | Code            |                |
| Now Designated Agent's Signature if changing  | Pagistared Agents                             | 21.0   |                           |            |                 |                |

## 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, 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           |
|--------------|-----------------------|---|--------------------------|
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| 1100         |                       |   |                          |
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| Effective date, if other than the   | date of filing:                                       |                                 | (optic   | onal)  |                  |
| isticetive dute, it other than the  | st be specific and cannot b<br>lock does not meet the | e prior to date of filing o     | r more than 90 days after<br>ling requirements, this | filing.) Pursuant to 60 date will not be lis | 5.0207<br>ted as |
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Filing Fee: \$25.00