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SECRETARY OF STATE

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COVER LETTER

TO:

TO: Registration S Division of Co				
	SE OF FADE P.R L.L.C			
SUBJECT:	Name of Lim	ited Liability Company	······································	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Piease return all corresp	ondence concerning this matter	to the following:		
	ELOY CRUZ COLON			
	Kley	Name of Person Our Color		
	2221 S GOLDENROD RD	Firm/Company		
		Address	2023 (SECR	
	ORLANDO FL.32822		000 J	ي ا اساسان ا
	thehouscoffade@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report notifi		in in
For further information	concerning this matter, please co	all:	$\frac{T_{\rm co}}{r_{\rm H}} = \frac{c_{\rm co}}{c_{\rm co}}$	
eloy cruz colon		407 613-4534		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L23000106857	iability Company	were filed on N/A		and	l assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designatio	n "LLC" or the abb		n "L.L.C."
Enter new principal offices address, if applic	able:	2221 S GOLDENRO RI	D 25	73 OF	, em _ m_1
Principal office address MUST BE A STREE		ORLANDO FL ,32822		1 1.	145°2
				٩	- ; , ₁
			Ş. Ş.;	::-	s marg
Enter new mailing address, if applicable:			्राज्य सम्बद्ध	•	-,
	DOM:		[T]	-8	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
3. If amending the registered agent and/or ingent and/or the new registered office addre	ss here:		enter the name	e of the	new regi
Name of New Registered Agent:	ew Registered Agent: RICHARD J CRUZ MARQUEZ				
New Registered Office Address:	2803 AUTUM!			•, ,	
		Enter Florida street	t address		
	ORLANDO FL		, Florida <u>328</u>	22	., .
		Ciţ		Zip C	ode

New Registered Agent's Signature, if changing Registered Agent:

THE HOUSE OF EADER D. L. C.

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>	Name	Address	Type of Action
Title MG:	CRUZ COLON ELOY SR	2341 PALM CREEL AVE ORLANDO FL 32822	= Add
		SR	Remove
			□Change
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