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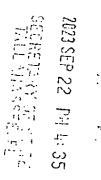
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COVER LETTER

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ello tres		UIRRE AM LLC					
SUBJECT	J:	Name of Lim	ited Liability Company		_		
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		ELVIS E AGUIRRE COR	ONA				
			Name of Person				
		ELVIS AGUIRRE AM LI	С				
		-	Firm/Company				
		3065 DANIELS ROAD					
			Address				
		WINTER GARDEN FL 34	1787				
			City/State and Zip Code		_		
					_ 돌(C)글(C	2023	
		E-mail address: (to be used for future annual rep	port notification)		1023 SEP 22	**
For further	rinformation c	oncerning this matter, please c	all:			22	
ELVIS E	AGUIRRE CO	RONA	352 346-9	9091	か <u>た</u> かつ		:
	Name o	f Person	at () Area Code	Daytime Telephone Nun	iber Co	PH 1+: 35	b .
Enclosed i	s a check for th	ne following amount:					
5 \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif sed) Certif	0 Filing Fe ficate of S fied Copy onal copy is	tatus &	
R	Lailing Addres	Section	_	ion Section			
	Division of C .O. Box 632	•		of Corporations re of Tallahassee			
	allahassee, I		2415 N. N	Monroe Street, Suit	e 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELVIS AGUIRRE AM LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	}
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000132428}{1.23000132428}$.	y were filed on 03/14/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		2023 SEP 22 SECRENAIN
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he nanie of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
<u> </u>	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, 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
MGR	ELIVIS E AGUIRRE CORONA	3065 DANIELS ROAD	
		WINTER GARDEN FL 34787	■Remove
			□Change
MGR	ELVIS E AGUIRRE CORONA	3065 DANIELS ROAD	≣ Add
		WINTER GARDEN FL 34787	□Remove
			□Change
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effective date is listed, the e: If the date inserted i	date must be specific an	d cannot be prior to	date of filing or more	e than 90 days afte	er filing.)	Pursuant vill not b	to 605,02 ce listed :
ument's effective date of	on the Department of	State's records.					
cord specifies a delayed	l effective date, but no	t an effective tim	ie, at 12:01 a.m. oi	the earlier of: (b) The	90th da	y after th
i filed.							
ed Septem	1ber 21	2023					
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			a - /				

Filing Fee: \$25.00