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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: 1	Registration Se Division of G or	ction Properties of the control of t		•
cup uses		ELAND LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ALEJANDRO GALVEZ		
			Name of Person	
		MASTER OFFICE SERV	SITY BLVD Address K. FL 32792 City/State and Zip Code CETEAM@GMAIL.COM and address. We be used for inture anatian report notification) ter. please call: 407 961-9242 at (
		7169 UNIVERSITY BLV	D	
			Address	
		WINTER PARK, FL 3279	22	
			City/State and Zip Code	
		MASTEROFFICETEAM@		
For furthe	er information c	oncerning this matter, please c	·	inteation)
MIGUEL	, A RUBIO TO	RRES		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ection
	Registration 5 Division of C			
	P.O. Box 632		The Centre of	Tallahassee
•	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&T HOMELAND LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/20/2023	and assigned
florida document number 1.23000139462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023
		Con J
		JA SA
Enter new mailing address, if applicable:		SEE SEE
•		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		
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 the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Differ a finished succession (193	
	, Florid	XZip Code
	CII)'	гар сове

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 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	NATALIA RUBIO TORRES	15355 SHONAN GOLD DRIVE	≅ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
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	 2-		
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(It an effec <u>Note:</u> It	e date, if other than tive date is listed, the dat f the date inserted in that's effective date on t	e must be specific iis block does n	and cannot be pri of meet the appl	or to date of filing	g or more than 90 d tiling requireme	(optional) ays after filing.) nts, this date	Pursuan will not	t to 605.020 be listed a
If the record record is filed	specifies a delayed eff d.	ective date, but	not an effective	time, at 12:01	a.m. on the earlie	er of: (b) The	e 90th d	ay after the
	ULY 13TH		2023	7 <u>7</u>)				
Dated _			Cill					

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Filing Fee: \$25.00