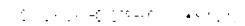
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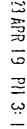
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	re Gradu Name of Lim	ate U (
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	J	Č	
	Diego	Haynes Name of Person	
	All Ba	URell (UNSULT	ing LLC
	16141 Sh) Brd ave	
	<u>Palmet</u> diegab	City/State and Zip Code	3157 (cation) APR
	E-mail address: (cation) = 50
For further information c	oncerning this matter, please ca	all:	· · · · · · · · · · · · · · · · · · ·
Diego Same o	Haynes	at (786) 2 9 S	Telephone Number Tall T
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp The Centre of Ta	
P.O. Box 6327		The Centre of Ta	HIGHOSCC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 130014046.	were filed on 03 20 2023 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	TTE 18
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C." 10900 SW 67th ave, Pineciest, Fl 33156
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10900 SW 67th ave, Pinecrest, Fl 33156
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 6 CU (New Registered Office Address: 4141	SW 83/dave Jane

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

____. Florida \(\frac{3}{\int_{\infty}}\) \(\frac{1}{\int_{\infty}}\)

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

Type of Action **Title** Name <u>Address</u> All Brickell Consiling US 16141 SW 83rd and but pride 33157 Pitalian Village Properties 16141 SW 83rd are Patretto Bay 157000 ____

Change MbR Fontaineden France Waters 16141 SW Bild auc Palmettokon and □ Change MGR Juridico Fiduciario OHthore 10900 SW 67 Mm ave, Drad UC Pinervest # 1 33156 Remove

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Note: If the date insert document's effective da	ed in this block d	oes not meet the app	olicable statutory fili	ng requirements.	this date will	not be list	ted as
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record specifies a dela d is filed.	ived effective date	e, but not an effectiv	e time, at 12:01 a.m	, on the earlier of:	(b) The 900	h day afte	er the
Dated April	7	702	3.1			202	
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Filing Fee: \$25.00