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COVER LETTER

TO: Registratio Division of	n Section Corporations		
Cormer	ry LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Karina Dugarte		
		Name of Person	
		Firm/Company	
	13794 Bridgewater Crossi	ng Blvd 308	
		Address	
	Windermere Fl 34786		
	karina.dugarte@gmail.com	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notification)	19
For further informati	on concerning this matter, please c	all:	
Karina Dugarte		321 2767761 at ()	
Na	me of Person	Area Code Daytime Telepho	ne Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e 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)
Division o P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahas: 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cormery LLC		
(Name of the Lim	ited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.))
The Articles of Organization for this Limited I		03/22/2023 and assigned
Torida document number [1.23000146598]		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	L-2
Principal office address MUST BE A STRE		(and
	<u> </u>	:
		:0
Enter new mailing address, if applicable:		1 2
(Mailing address MAY BE A POST OFFICE BOX)		2: (
22.11.00		(c. 47)
3. If amending the registered agent and/or tgent and/or the new registered office addr	4.7	
Name of New Registered Agent:		
New Registered Office Address:	13794 Bridgewater Crossing Bl	vd 308 Torida street address
	WINDERMERE	
	City	, Florida

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.

Kan A

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

:717117 =	manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dugarte Viloria Karina	13794 Bridgewater Crossing Blvd 308 Windermere F	71 □ Add
			□Remove
			_ \(\begin{align*} \begin{align*} \left(\text{Change} \)
MGR	Villalobos Urdaneta Alexi Jose	13794 Bridgewater Crossing Blvd 308 Windermere F	El □Add
			□Remove
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ective date, if other than the dat	e of filing:		(ontional)	
ective date, if other than the date effective date is listed, the date must be so	specific and cannot be prior t	o date of filing or more tha	nn 90 days after filing.) Pur	rsuant to 605,020
e: If the date inserted in this block of ument's effective date on the Depart		ane statutory ming requ	mements, this date will	. not be fisted a
ord specifies a delayed effective dat	te, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90	
filed.				7 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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	nature of a member or author			