## L23000148896

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## **COVER LETTER**

	gistration Se vision of Cor				
CUDIFCT		ENCIAS LLC			
SUBJECT:	·	Name of Lin	nited Liability Company	<del></del>	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		SANTIAGO ESTEVEZ Z	APATA & JOSE CORDERO CONTRERAS		
			Name of Person		
			Firm/Company		
		1429 NORTH ANDREW	S AVE	£!?	2(
			Address	 	923
		FORT LAUDERDALE, F	FL 33311	- (ñ)	9 FEL 2023 JUL 27
			City/State and Zip Code	32	-
		santiago_estevez@hotmail.			
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)		1: 58
	IA PASTRAN		954 224-3017		
	Name o	f Person	at ()	e Number	-
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fo Certificate of S Certified Copy additional copy is	tatus &
	ailing Addres		Street Address: Registration Section		
Di	vision of C	orporations	Division of Corporations	5	
	O. Box 632		The Centre of Tallahasse		
Ta	illahassee. I	·L 32314	2415 N. Monroe Street.	Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF

DR RESIDENCIAS LLC		50 2
(Name at the Limited Liability Co (A Florida Lim	ompans as it now appears on our records.) nted Liability Company)	- 11
The Articles of Organization for this Limited Liability Comp	oany were filed on 3/23/2023	and assigned
Florida document number L23000148896		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited	liability company here:	,
The new name must be distinguishable and contain the words "I insited I	tability Company," the designation "[LC" or the	abbreviation "LLC"
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 BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Lip 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>Titte</u>	Name	Address	Type of Action
MGR	JOSE CORDERO CONTRERAS	1429 NORTH ANDREWS AVE	
		FORT LAUDERDALF, FL 33311	
			□Change
			DAdd
			□Remuse C
			_
			DAdd
			□ Remove
			OChange
			DAdd
			©Remove
			□Change
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			□ Remove
			Clthanas

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	ve date, if other than the date of filing:  (optional)  cover date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as out's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b). The 90th day after the
record Lis file	d
	Attitude 19th
1	

Filing Fee: \$25.00