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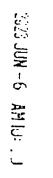
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COVER LETTER

Division of Corp	orations	•	
SUBJECT: Ray	ımar Entero	Drises LLC ited Liability Company	
	Name of Lim	ited Liability Company	·
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Maria V	Name of Person	
		Name of Person	· · · ·
		Firm/Company	
	20721 NE	= 7th Place	
			.
	M;	ami, FL. 33179 City/State and Zip Code	
	Maria Wilson	on \$824@ \ahoo to be used for future which report notif	· COM
For further information co	ncerning this matter, please c	•	
Maria W	Person	at (<u>786)</u> <u>367-2</u> Area Code Daytimo	2795
Name of	Cista	Wea Code Praythin	receptione rentitioes
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on Liability Company)		_				
The Articles of Organization for this Limited Liability Company were filed on March 27, 2023 and assigned							
Florida document number 23000 154 708. This amendment is submitted to amend the following:							
							A. If amending name, enter the new name of the limited liab
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."				
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)		:c	1-2				
			<u> </u>				
		•	7Z				
Enter new mailing address, if applicable:	·		<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)	 	· · · · · · · · · · · · · · · · · · ·	A (*)				
			<u> </u>				
		7					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name</u>	of the new registered				
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida :	street address					
		, Florida					
	City		Zip Code				
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my provided for in Chap	duties, and I am fa pter 605, F.S. Or, ij	miliar with and Tthis document is				

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

Title	Name	Address	Type of Action
MGR	Ray Palma	20721 NE 74 Place	□Add
	,	Miami, Fl 33179	
MGR	Kastalia Palma	2766 W. 54th PI	≅Add
		Hialeah, Fl 33016	Remove
			□Change
	.		□Add
			□Remove
			□Add
			□ Remove
			□Change
			□Add
			□Remov e
			Change
			□Add
			□Remove
			□Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
he record ord is fil	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 ed.
Dated _	_ ' Mula-
	Signature of a member or authorized representative of a member Aria Society Typed or printed name of signee

 $\cdot = \rho_{-1}, \cdot = \rho_{-1}$

Filing Fee: \$25.00