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To:

Division of Corporations

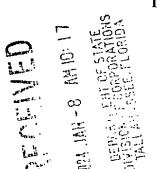
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COVER LETTER

TO:	Registration So Division of Co			: (((H24000008545 3)))
SHRII	BARRETO	PROPERTY MANAGEMEN Name of Lin	T L.L.C.	
30133	<u> </u>	Name of Lim	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
17350 STATE HWY 249 #220				
			Address	
	HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO	City/State and Ztp Code	
		E-mail address; (to be used for future annual report r	otification)
For fur	ther information c	oncerning this matter, please of	alt:	
LOVE	TTE DOBSON		888-462-3	3453
	Name o	f Person	at ()	time Telephone Number
Enclos	ed is a check for tl	ne following amount:		
≡ \$2	5.00 Filing Fee	☐ \$30.00 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)
	Mailing Addres		Street Address:	

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

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(((H24000008545 3))) OF

BARRETO PROPERTY M (Name of the Limited Liability Compa (A Florida Limited			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000165188</u>	were filed on 04/03/2023	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	breviation "L.I	C."
Enter new principal offices address, if applicable:	1009 Abell Cir.		
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765		
Enter new mailing address, if applicable:	1009 Abell Cir.		
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 32765	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name Enter Florida street address , Florida	e of the new	registered
·	City:	Zip 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 (((H24000008545 3)))

Title	<u>Name</u>	Address	Type of Action
			🖸 Add
			□Remove
			ClChange
			□Add
			□Remove
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			□Add
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			□Remove
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Effective date, if other than the defeat of the factories of the date is listed, the date must be a local of the date inserted in this block local on the Depole of the De	e specific and cannot be prior to dat k does not meet the applicable :	(re of filing or more than 90 days statutory filing requirements.	optional) after (Hing.) Pursuant to 605,0207 this date will not be listed as
record specifies a delayed effective of is filed	late, but not an effective time, a	t 12:01 a.m. on the earlier of	f: (b) The 90th day after the
Dated January , 5th	2024		
	Hataniel Text	on Barreto	
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