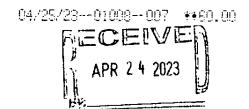
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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | ration Sec n of Corp | | | |
|------------------------|-------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| EL | LENA CE | CAN LLC | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| | | | | |
| The enclosed Ai | rticles of A | Amendment and fee(s) are subr | mitted for filing. | |
| Please return all | correspor | ndence concerning this matter t | to the following: | |
| | | Elena Castro | | 20 2 |
| | | | Name of Person | 7023 APR 25 |
| | | | Firm/Company | |
| | | 2900 NE 30th St #A-9 | | PH 3: 00 |
| | | | Address | |
| | | Fort Lauderdale, Fl 33306 | | |
| | | | City/State and Zip Code | |
| | | Elena@elenacecan.com | | |
| For further info | rmation c | E-mail address: (i oncerning this matter, please ca | to be used for future annual report notificall: | cation) |
| Elena Castro | | | 954 4785015 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a cl | heck for th | ne following amount: | | |
| □ \$25.00 Fili | ng 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) |
| Regis Divis P.O. | Box 632 | Section Corporations | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe | oorations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ELENA CECAN LLC | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------|
| (<u>Name of the Limited Liabili</u> (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Corida document number L23000170954 | Company were filed on April 05, 2023 | _ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| ELENA CASTRO LLC | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or the about | viation "L.L.C." |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD | PRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4 5 4 6 |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the name o</u> : | of the new regis |
| Name of New Registered Agent: | | <u></u> |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

1.1

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 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>Title</u> | Name | Address | | Type of Action |
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| ffective date, if other than fan effective date is listed, the dat | the date of filing: | the seize to dute | of filing or more than | (optional) | Pursuant to 605 020 |
| Note: If the date inserted in th | is block does not me | et the applicable st | atutory filing requi | rements, this date v | vill not be listed a |
| locument's effective date on t | ne Department of Sta | te s records. | | | |
| record specifies a delayed eff | | n affactiva time at | 12:01 am on the | earlier of (b). The | 90th day after the |
| record specifies a delayed en d is filed. | ective date, but not a | ii ellective tilue, at | 12.01 a.m. on the | carrier or. (b) | , , , , , , , , , , , , , , , , , , , , |
| | | | | | |
| Dated April 19 | | 2023 | 2 1 | 1 1 | 1 |
| | | 1/1 | | 1 | |
| | | (1) | representative of a m | | |

Typed or printed name of signee