VII.	
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(1	Requestor's Name)
(,	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
<u> </u>	Business Entity Name)
(1	Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: YB	Photo 1	300775	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lavern	Encarnaci Name of Person	<u>on</u>
		Firm/Company	
	1629 CEA	Address Drive	<u> </u>
		Beach FL City/State and Zip Code	33436
For further information c	E-mail address: (concerning this matter, please concerning this matter)		thooths (agmail. com otification)
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632	Section forporations	Street Address: Registration : Division of C The Centre o	Section forporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCHNG

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2300017470</u> 4	any were filed on $\frac{4-10-23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1629 cetona Drive
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach FL 3343
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1629 cetono prive Boynton Beach FL 33436
B. If amending the registered agent and/or registered offic	ce address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent: Love?	n Encornacion En T
New Registered Office Address: 1629	Cetono Dine Fina Grandina Street address
Boynt	Florida Peach Florida
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to comply with th

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lavern Encarnacion	1629 cetono or Boymon	Beach FL 33
		□Change	
			□ Add
		∃Remove	
			□Change
		Jadd	
			⊒Remove
		□Change	
		Jadd	
			□Remove
			□Change
		□Add	
			□Remove
		□ Change	
			□Remove
			□ Change

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Note:	ive date, if other than the date of filing: APFV 14, 2024 (optional) fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
cord is fi	
Dated	Apr. 1 14, 2024 Signature of a member or authorized representative of a member
	LANGEN ENCARNAGION Typed or printed name of signce

(3)(b) the