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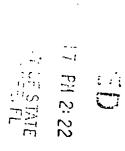
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #)	
☐ PICK-UP	M WAIT	AIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Status _	
Special Instructions to	Filing Officer:	





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09/17/24

COVER LETTER

TO: Registration Division of C			
	e Orlando, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	Sulay Garcia		
	 	Name of Person	
	Ayala Law PA		
		Firm/Company	·
	2490 Coral Way, 4th floor	r	
		Address	
	Miami, FL 33145		
	·	City/State and Zip Code	
	sgarcia@ayalalawpa.com		
		to be used for future annual report noti	ification)
For further information	concerning this matter, please of	all:	
Sulay Garcia		305 570-2208 at ()	
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
≘ \$ 25.00 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 Addr Registration		<u>Street Address:</u> Registration Sec	ction
	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on _	04/07/2023	and assigned
riorida document number			
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words Thimited Liability Company. Tithe	e designation 'LLC' or the abbro	eviation T.J.C.C
Enter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREE	ET ADDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>
			1
		တ် <u>င</u> က	ہمست کھے اا
Enter new mailing address, if applicable:		ياد - كيام	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		22
			
	. 1 69 11	1 4 4	641
If amending the registered agent and/or in agent and/or the new registered office addresses.	<u> </u>	records, enter the name	of the new regis
Name of New Registered Agent:	Ayala Law PA	,	
New Registered Office Address:	2490 Coral Way, 4th floor		
	Enter F	lorida street address	
	Miami	Florida <u>3314</u>	5
	City		Zip Code

New Registered Agent 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>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			□Change
		>: FER A A: 0	□Remove
		SEE, FL	LaChange
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

record specifies a delayed effective date, but not an effective time, at 12:0 is filed. ated	a.m. on the earlier of: (b) The 9	Oth day after the
an effective date is listed, the date must be specific and cannot be prior to date of filioner. If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pu	
Tective date, if other than the date of filing:	(optional)	
 	m	<u> </u>
	7.2	23
	(L) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	I II
	7. (A. (1) (A.	
		<u>2</u>
		~;
		

Filing Fee: \$25.00