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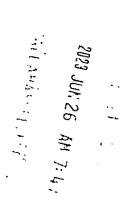
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COVER LETTER

Registration Section

TO:

Division of Corporations		1 3			
LAS TR35		•	•		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RUBY DEL CARMEN M	IONSALVE HERRERA			
		Name of Person			
	LAS TR3S LLC				
		Firm/Company			
	11869 SW 150 PL				
		Address			
	MIAMI, FL 33196				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report n	otification)		
For further information c	concerning this matter, please c	all:			
RUBY MONSALVE		347 6051717 at ()			
Name o	f Person	at () Area Code Dayt	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	f Tallahassec		
Tallahassee, FL 32314		2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 26 AM 7: 47

LAS TR3S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/24/2023}{2}$ __ and assigned Florida document number $\underline{1.23000205137}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

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
AMBR	RUDY D MONSALVE HERRERA	11869 SW 150TH PL	□Add
		MIAMI, FL 33196	■Remove
			Change
AMBR	RUBY D MONSALVE HERRER/	11869 SW 150TH PL	≣ Add
		MIAMI. Fl. 33196	Remove
			□ Change
			□ Add
			□ Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach addit

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