## lease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : 120180000068 Phone : (407)344-1012 Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAS TR3S LLC

| Certificate of Status | 0       |
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T. LETTEUX

AUG 3 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 9  | •  | •              |                       |
|--|--|----------------|-----------------------|
| LAS TR3S LLC   |  |                |                       |
| (Name of the Limited Liability<br>(A Florida   | y Company as it now appears on our rec<br>Limited Liability Company) | ords.)         | <del></del> -         |
| The Articles of Organization for this Limited Liability Co<br>Florida document number L23000205137 | ompany were filed on <u>04/25/2023</u>                               |                | and assigned          |
| This amendment is submitted to amend the following:  |  |                |                       |
| A. If smending name, enter the new name of the limit   | ted liability company here;  |                |                       |
| The new name must be distinguishable and contain the words "Limit                                  | ted Liebility Company," the designation "L                           | LC" or the abb | previation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  | <del></del>    |                       |
| (Principal office address MUST BE A STREET ADDRE   | ESS)   |                |                       |
|  |  | <del></del>    |                       |
| Enter new mailing address, if applicable:  |  |                |                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                |                       |
|  | <del></del>  |                | •                     |
| B. If amending the registered agent and/or registered  | office address on our records, ent                                   | er the name    | of the new registers. |
| agent and/or the new registered office address here:   | enter address on our records, can                                    | er the name    | .S<br>··              |
| Name of New Registered Agent:  |  |                | ;                     |
| New Registered Office Address:   |  |                |                       |
|  | Enter Florida street ada   | lress          | <del></del>           |
|  |  | Florida        |                       |
|  | Cia:   |                | 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 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

| Title                        | <u>Name</u>       | Address                           | Type of Action |
|------------------------------|-------------------|-----------------------------------|----------------|
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| e record<br>rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _                | Signapole of a member or authorized representative of a member  |
|                        | Luby D Monsalve Hercern Typed or printed name at signee   |

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