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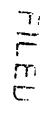




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SECKETARY OF STATE ALLAHASSEE, FIREIDA





COVER LETTER

TO:

	tration Sec ion of Corp							
	061 ELLA	WAY I LLC						
SUBJECT: _		Name of Lim	ited Liability Company					
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return a	II correspor	ndence concerning this matter	to the following:					
		FARAH CRUZ						
			Name of Person					
		FAIL SAFE ACCOUNTIN	NG LLC					
		-	Firm/Company					
		20 S. ROSE AVE SUITE	4					
			Address	-				
		KISSIMMEE, FL 34741						
			City/State and Zip Code					
		INFO@FAILSAFETAX.CO						
			to be used for future annual report notif	tication)				
For further into	ormation co	ncerning this matter, please co	all:					
FARAH CRU	Z		407 201-7988 at ()					
	Name of	Person	Area Code Daytimo	e Telephone Number				
Enclosed is a c	theck for the	e following amount:						
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	ng Address		<u>Street Address:</u> Registration Sec	ction				
Registration Section Division of Corporations			Division of Cor					
P.O.	Box 6327	7	The Centre of T	allahassee				
Talla	ahassee. F	L 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3061 ELLA WAY 1 LLC

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	uppears on our records.) puny)	
The Articles of Organization for this Limited L Florida document number L23000229221	iability Company were filed o	on <u>05/09/2023</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		2029 SEC
			<u> </u>
			ASS
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
			5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
	-		> 0 m
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	FAIL SAFE ACCOUNTING	G LLC	
New Registered Office Address:	20 S. ROSE AVE SUITE 4		
	Ent	er Florida street address	
	KISSIMMEE	, Florid	la <u>34741</u>
	City		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 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>	<u>Address</u>	Type of Action
MGRM	GARCIA, GEORGE	13334 ALDERLEY DRIVE	
		ORLANDO, FL 32832	Remove
			≣ Change
AMBR	GARCIA, MARIA DEL P	13334 ALDERLEY DRIVE	□Add
		ORLANDO, FL 32832	□ Remove
			■Change
			□ Add
			Remove
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f an effect Note: - If	e date, if other ive date is listed, the date inserte	the date must be d in this block	specific an does not	nd cannot be meet the a	applicable	ate of filing	or more than	90 days aft	tional) er filing. his date) Pursuan will not	t to 605.0 be listed)207 (l as t
locumen	t's effective dat	e on the Depa	ertment of	State's red	cords.							
record s d is filed	specifies a delay l.	ed effective d	ate, but no	ot an effec	tive time,	at 12:01 a	.m. on the	earlier of:	(b) Th	e 90th da	ay after (the
Dated	<u> </u>			. •								
				<u>Geor</u>	ge G	arcia						
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Filing Fee: \$25.00