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FROM THE DESK OF

Smith Rivas

November 29, 2024

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To whom it may concern,

Please use this cover letter to communicate with me via the below daytime phone number and my return address,

Daytime Phone Number: (407) 301-1893

Return Address: 7713 NW 17th Court, Pembroke Pines, FL 33024

Thank you,

Sincerely yours,

Smith Rivas

COVER LETTER

	gistration Section Fision of Corpor							
SUBJECT:	STR	PAIGHT	LINE	PROPERTY ited Liability Company	MANAGE	EMENT, L	ic	
		٨	lame of Limi	ited Liability Company				
The enclosed	d Articles of Am	endment and fee	e(s) are subi	mitted for filing.				
Please returr	all corresponde	ence concerning	this matter	to the following:				
			Su	v1+14 RIVA Name of Person	- S			
		STRAKHI		MoPERTY Firm/Company				
				17th COURT Address				
				PINES FL City/State and Zip Co			2024 C SEC:	د ومود
		و	BAJIH R	IVAS @ GMAIL o be used for future ann	CoM		配置	- 12 (** 2) - 12 (** 2) - 12 (** 2)
For further in	formation conc	E-ma erning this matte			ual report notifica	tion)	2024 DEC -5 PM 1: 36 SECRETARY OF STATE FALL AHASSEE. FL	
Sm	HH PIVAS	The state of the s		at (<u>407</u>) Area Code	301-1893	3	STELL SO	
	rame (ii i ci	Sent		Area Code	Daytine 10	erephone Number		
Enclosed is a	check for the fo	ollowing amount	:					
□ \$25.00 F	filing Fee (\$30.00 Filing Certificate of		□ \$55.00 Filing For Certified Copy (additional copy is		Certified (e of Status &	
<u>Ma</u> i	iling Address:			Street	Address:			

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STRAIGHT L	INE PROPER	MANAC	Jemen , L	LC.	
	(Name of the	Limited Liability Comp (A Florida Limited	nny as it now appears Liability Company)	s on our records.)		
The Articles of Or	rganization for this Limite	ed Liability Company	were filed on	05/0/202	3 and a	ssigned
lorida document	number <u>L 230 0 0 2 3</u>	<u>30575 </u>				
his amendment i	is submitted to amend the	e following:				
. If amending i	name, <u>enter the new nan</u>	me of the limited liab	oility company her	<u>re</u> :		
CUBE	CONSTRUCTION	CONSULTING	LLC			
he new name must b	be distinguishable and contain	the words "Limited Liabi	lity Company," the de	signation "LLC" or	the abbreviation "	L.L.C."
nter new princi	ipal offices address, if ap	oplicable:				
ancer men primer						
-	•	•				
-	address MUST BE A ST	•				
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Principal office o	address MUST BE A ST	REET ADDRESS)				
<i>Principal office o</i> Cnter new mailin	address MUST BE A ST	REET ADDRESS)				
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<i>Principal office o</i> Cnter new mailin	address MUST BE A ST	REET ADDRESS)				
Principal office of the control of t	address MUST BE A STA	REET ADDRESS) ICE BOX) /or registered office	address on our re	cords, enter the	namæof then	ew registe
Principal office of the control of t	address MUST BE A ST ng address, if applicable MAY BE A POST OFFI	REET ADDRESS) ICE BOX) /or registered office	address on our re	cords, enter the	_ ` _ `	ew registe
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Principal office of the new mailing address If amending the gent and/or the	address MUST BE A STA	REET ADDRESS) ICE BOX) /or registered office	address on our re	cords, <u>enter the</u>	DEC -5 CRETARY	7
Enter new mailing address B. If amending togent and/or the	address MUST BE A STA	REET ADDRESS) ICE BOX) /or registered office	address on our re	cords, enter the	DEC -	7
Enter new mailing Mailing address B. If amending togent and/or the	address MUST BE A STA	REET ADDRESS) ICE BOX) /or registered office		cords, enter the	DEC -5 CRETARY	A STATE STAT
Principal office of the new mailing address B. If amending the gent and/or the	address MUST BE A STA	REET ADDRESS) ICE BOX) /or registered office			CRETARY OF STATE	A STATE STAT

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>	Address	Type of Action
AMBR	MADELINE RIVAS	7713 NW 17th COURT	LAdd
		PEMBROKE PINES, FL 3302	4 □Remove
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l Tective date, i an effective date	if other than the date must be	ate of filing: se specific and cannot be	e prior to date of filing	(or or more than 90 days at	otional) fler filing.) Pursuant to 605.02
	e inserted in this bloc	k does not meet the a	ipplicable statutory	filing requirements, t	this date will not be listed
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