L23000248179

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special management to 1 ming Sincer.

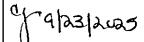




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2025 AUG -4 AH 7: 27



COVER LETTER

TO: Registration Se Division of Cor				
3701 W Az				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Joseph Ledo			
		Name of Person		
		Firm/Company		
	11001 N Dale Mabry Hwy			
		Address		
	Tampa, Fl 33618			
		City/State and Zip Code		
	josephfledo@gmail.com E-mail address: ()	to be used for future annual report no	lification)	
For further information c	oncerning this matter, please ea			
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for th	ne 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 Se	ection	
Registration Section Division of Corporations		Division of Ce	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Montoe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

3701 W Azeele LLC

2025 AUG -4 AM 7: 27

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	TALL A LASSEE, FL	
		TALLAMASSEE, ET	
	ticles of Organization for this Elimited Elability Company were filed on and assigned		
Florida document number L23000248179			
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 I	nability Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
The second secon	11001 N Dale Mabry Hwy		
Enter new mailing address, if applicable:	Tampa Fl 336187		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	dete performance of my duties, as provided for in Chapter 605	and I am familiar with and 5. F.S. Or, if this document is	
ĨĬ	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
AP	Joseph Ledo	11001 N Dale Mabry Hwy	□Add
		Tampa, Fl 33618	□Remove
			☐ Change
AP Lindsay Ledo		11001 N Dale Mabry Hwy	
		Tampa, Fl 33618	
			■ Change
			□Add
			□Remove
			CJChange
			[]Add
			□Remove
			[]Change
		□Add	
			□Remove
		[]Add	
			□Remove
		□ Change	

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
 	
Note: If the date inserted	than the date of filing:
he record specifies a delaye ord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July, 28th	2025
	Signature of a member or authorized representative of a member
Joseph Ledo	
	Typed or printed name of signee

Filing Fee: \$25.00