L23000254334

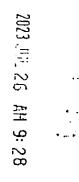
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Corporations		
R, IRMA H, LLC		
Name of Lim	ited Liability Company	<u> </u>
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s of Amendment and fee(s) are sub	mitted for filing.	
espondence concerning this matter	to the following:	٠.
IRMA H ARIAS R		
	Name of Person	
ARIAS R, IRMA H, LLC		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
5560 SAN GABRIEL WA	Y	
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ORLANDO, FL 32837		
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idress: on Section	Street Address: Registration S	ection
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	SR, IRMA H, LLC Name of Lim s of Amendment and fee(s) are sub- espondence concerning this matter [RMA H ARIAS R ARIAS R, IRMA H, LLC 5560 SAN GABRIEL WA ORLANDO, FL 32837 IRMARIAS 2021 @ GMAIL E-mail address: (on concerning this matter, please comme of Person for the following amount: te \$30.00 Filing Fee & Certificate of Status ddress: on Section of Corporations	SR, IRMA H, LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: IRMA H ARIAS R Name of Person ARIAS R, IRMA H, LLC Firm/Company 5560 SAN GABRIEL WAY Address ORLANDO, FL 32837 City/State and Zip Code IRMARIAS2021@GMAIL.COM E-mail address: (to be used for future annual report no on concerning this matter, please call: at (

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 26 AH 9: 28

ARIAS R, IRMA H, LLC		بي
(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	20
The Articles of Organization for this Limited Liability Plorida document number <u>L23000254334</u>	ry Company were filed on MAY 24, 2023	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
ARIAS RODRIGUEZ IRMA HELENA LLC		
he 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 applicable:		
Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE BOX		
		•
3. If amending the registered agent and/or regist agent and/or the new registered office address here.	· · · · · · · · · · · · · · · · · · ·	me of the new regist
gent and of the new registered office address ne	<u>s</u> .	
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 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
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)	ፋበ ና በኅ
e: If the date inserted in this block does not meet the applicable statutory fil	ing requirements, this date will not be	listed
ument's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day a	ıfter tl
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ed JULY, 21 2023		
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Signature of a member or authorized representati	ve of a member	
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Filing Fee: \$25.00