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Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations					
CUDIFCT	LOS CUATRO FL, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		CLAUDIA AVILA PACHE	:co		
	Name of Person				
BLUE ISLAND REAL ESTATE					
	Firm/Company				
	6965 PIAZZA GRANDE AVE SUITE 306				
	Address				
	ORLANDO FL 32835				
	City/State and Zip Code				
		blueisland.mica@hotmail.			
			to be used for future annual report no	tification)	
For further in	nformation co	oncerning this matter, please co	all:		
Micaela Baptista		407 458-9667 at ()			
Name of Person			nc Telephone Number		
Enclosed is a	a check for th	e following amount:			
⊠ \$25.00 F	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 Address:		Street Address:	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS CUATRO FL. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/30/2023 and assigned Florida document number _____L23000262539 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 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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 Asthorized 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
MGR	CLAUDIA AVILA PACHECO	14469 Cedar Hill DrWinter Garden, FL 34787	□Add
			□Remove
			⊠Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Change
			□Add
			□Remove
			Changa

Typed or printed name of signee