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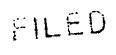


SEP 2 7 1927

COVER LETTER

TO:	Registration Se Division of Cor		<		
end n		DE LOS CIELOS LLC			
SUBJECT:Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		CRYSTAL GOMEZ			
			Name of Person		
		LA REINA DE LOS CIEL	OS LLC		
	Firm/Company				
2860 LAKE VISTA DR					
Address					
	KISSIMMEE. FLORIDA 34744				
		.	City/State and Zip Code		
		lareynadlc.llc@gmail.com	to be used for future annual report noti	diegrant	
For fu	ther information c	oncerning this matter, please of		meanony	
		one coming this matter, present to			
CRYSTAL GOMEZ Name of Person		at () Area Code Daytime Telephone Number			
	Name o	rerson	Area Code Dayun	te Tetephone Number	
Enclos	ed is a check for th	ne following amount:			
≡ \$2	5.00 Filing Fee	S30.00 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 Registration 5 Division of C P.O. Box 632 Tallahassee, J	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oc Street, Suite 810	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**



2823 SEP 11 PM 12 44

LA REYNA DE LOS CIELOS LLC

(Name of the Limited Liability Company as it now appears on our records) + SSEF, F1 1005.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed	on _06/14/2023	and assigned
Florida document number L23000289008			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability comp	anv here:	
LA REINA DE LOS CIELOS LLC			
The new name must be distinguishable and contain the word	ls "Limited Liability Company	r," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		

	<u>here</u> :		
New Registered Office Address:	Fr	ter Florida street address	
		, Flor	ida Zip Code
New Registered Agent's Signature, if changing Reg	·		Sq. Cont.
	· 		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performa wed agent as provided fo gistered office address, i ange.	nce of my duties, and or in Chapter 605, F	I am familiar with and S. Or, if this document is
	<i>,</i>		
	If Changing Registe	ered Agent, Signature of l	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
		1-	□ Remove
			□Change
			□Add
		<u>-ij</u>	□Remove
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			□Add
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		 	□Remove
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4 0 .					
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ffective date, if other than the date an effective date is listed, the date must be store: If the date inscrted in this block document's effective date on the Department.	pecific and cannot be foes not meet the a	e prior to date of filir applicable statutor	ng or more than 90 da		
	e, but not an effec	tive time, at 12:01	a.m. on the earlie	r of: (b) The S	00th day after the
Lis filed.	2023	·			
			عار مراة المساوية		;}
Lis filed.			』て ntative of a member		<u>.</u>

Filing Fee: \$25.00