L23000333 406

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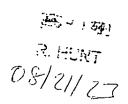
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EINISIDA OF CORPORATION



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•	
ESMERAL SUBJECT:	DA'S TWO PEDRO WOODW	ORKING LLC	
SUBJECT:	 		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	20
		Address	2023 AUG 2 I
		City/State and Zip Code	€
For further information c	E-mail address: (oncerning this matter, please e	to be used for future annual report notificationals:	m) 2:40
Pedro Yanes		786 908-3448 at ()	
Name o	f Person	Area Code Daytime Tel	ephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Section	n
Division of C		Division of Corpora	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESMERALDA'S TWO PEDRO WOODWORK	ING LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
lorida document number L23000333906		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES	(2.2	
		9023 2023
		NOW L
inter new mailing address, if applicable:		6 2
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAI BE A POST OFFICE BOX)		
3. If any adding the mediate and any desired and the second and th	857 d. d	
If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new regist
Name of New Projectored Agents		
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
CEO	HERNANDEZ, PEDRO E	15234 NW 87TH CT MIAMI LAKES, FL 33018 UN	_ 🗆 Add
			_ =Remove
			_
CEO	SUAREZ HDEZ., PEDRO E	15234 NW 87TH CT MIAMI LAKES, FL 33018 UN	_ ≣ ∧dd
			_ □Remove
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			20 AUG AUG
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fective date, if other then the content of the cont	date must be specifi this block does	ic and cannot be pr	tior to date of filir dicable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) I nents, this date w	Pursuant to e	505.02 isted
ecord specifies a delayed e is filed.	effective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	90th day a	fter th
8/15/2023			_				
tad		—, , <u>, , , , , , , , , , , , , , , , , </u>	<u> </u>				
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Filing Fee: \$25.00