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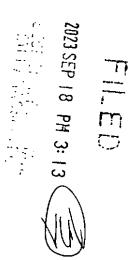
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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE	LA•LIMA.			
SUBJE	.C1:		nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	· ·	
		ROSSANA ESAINE		
		A-L	Name of Person	
		LA LIMA, LLC		
			Firm/Company	
		1710 ACADIA HARBOR	PL	
			Address	,
		BRANDON FLORIDA 33	3511	
			City/State and Zip Code	
		rossana.esaine@hotmail.es		
		E-mail address; (to be used for future annual report noti	tication)
For furt	her information c	oncerning this matter, please c	all:	
ROSSA	ANA ESAINE		813 279-3620	
•	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$25	5.00 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		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632	•	The Centre of T	-
	Tallahassee, H	FL 32314		e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA LIMA, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/17/2023	and assigned
Florida document number L23000336909		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ROSSANA ESAINE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1710 ACADIA HARBOR PL	
Principal office address MUST BE A STREET ADDRESS)	BRANDON - FL 33511	20
	<u> </u>	20023 S
		9 11
Enter new mailing address, if applicable:	·	- α
Mailing address MAY BE A POST OFFICE BOX)		3
		<u> </u>
		. ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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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			□Remove
			☐ Change
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			□Remove
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(If an effective date is Note: If the date is	other than the date of listed, the date must be spenserted in this block do we date on the Departm	cific and cannot be price of the apple.	teable statutory filin	(optionore than 90 days after the grequirements, this	nal) iling.) Pursuant to 605.0207 (2 date will not be listed as th
he record specifies a ord is filed.	delayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated September	15	2023	·		
<u> </u>		X Course	Ίαλ :		
	Signati	ire of a member or hut	horized representative	of a member	
	Ros:	sanà :	Esgine		