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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Special Instructions to	Filing Officer:	





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2023 DEC 22 PH 1: 47
SECRETARY OF STATE

SCHLAGER HAUS GROUP LLC

Jorge Garcia

Daytime phone (786) 212 4305

Return Address: 3760 Piazza Dr Apt 207, Fort Myers FL 33916

COVER LETTER

	egistration Se ivision of Cor			
CHRIECT		R HAUS GROUP LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	2	
		JORGE GARCIA		
			Name of Person	
		SCHLAGER HAUS GRO	UPLLC	
		3760 PIAZZA DR APT 20	Firm/Company 7	2023 DEC SECRET
		FORT MYERS, FL 33916	Address	22 HAG
		jgarcia@schlagerprops.com	City/State and Zip Code	PH 11
Car farthan	in Common in a second		to be used for future annual report notifi	cation)
		oncerning this matter, please co		
Jorge Gare	Name o	en .	at ()	
	Name o	i rerson	Area Code Daytime	Telephone 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R	ailing Addres egistration S ivision of C	Section	Street Address: Registration Sect Division of Corp	
Ρ,	O. Box 632	7	The Centre of Ta	illahassee
13	allahassee, l	1. 52514	Z415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHLAGER HAUS GROUP LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
he Articles of Organization for this Limited Liability Co	Company were filed on July 18, 2023 and assigne
lorida document number 1.23000338784	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	RESS)
	51
	3 DE
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2 -
	i de la companya de l
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, enter the name of the new res
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida

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.

City

Zip Code

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
MGR	MARIA C POSADAS	15910 NW 87TH CT MIAMI LAKES, FL 33018	= Add
			□Remove
M (10)	PEDNIA NINA ZAMA DZZA	LISTO MUNICIPALITY CENTANIA ANIMA DEL 2002E	□Change
MGR	FERNANDO CAMARGO	H519 KEELEY CT ORLANDO, FL 32837	= Add
		SECRETALL	()
			Add Remove
			🗆 Change
			□Add
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ective date, if other to effective date is listed, the te: If the date inserted ument's effective date	e date must be specific in this block does r	e and cannot be pr tot meet the app	rior to date of fili dicable statuto			g.) Pursuant i	
cord specifies a delayed s filed.	l effective date, but	not an effective	e time, at 12:0	I a.m. on the ear	lier of: (b) T	he 90th day	after the
		Auga					
ed		2023		_			
December 13	Signature	-j-	Jara	4 entative of a memb	e		