L23000343631

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FELD	HAUS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	JUAN FERNA	ANDO FUENTES B	LACK
		Name of Person	
	FELDHAUS	5 LLC	7.77
		Firm/Company	
	511 SE 25T	HLN	2,00
		Address	
	CAPE CORAL	FLORDA 3390L City/State and Zip Code	<u> </u>
		City/State and Zip Code	
	fernandb. f E-mail address: (66 @gmail. com to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
JUAN FERNA	ando fuentes B	at (714) 293 - Area Code Daytime	7982
Name of	Person	Area Code Daytime	- Telephone Number
Enclosed is a check for the	e 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
,		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FELDHAUS LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on ou <u>r records.</u>)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL23000343631	07/20/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>nere</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:		爱
Principal office address MUST BE A STREET ADDRESS)		() (<u>_</u>
	<u> </u>	-
		ت. سم
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	11
		<u> </u>
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	records, <u>enter the name o</u>	f the new regis
Name Basistanad Office Address:		
New Registered Office Address: Enter Flo	orida 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
MGR	JUAN FERNANDO	511 SE 25TH LN CAPE	ZAdd
	FUENTES BLACK	COLAL FL 33904	□Remove
			□ Change
			□Add
			Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

PLEASE	REMOVE	E THE	TITLE	<u>"5R"</u>	FROM	THE	RÉGISTERE
AGENT	NAMÉ.						RÉGISTERE
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Hechive date is his	erted in this blo	ock does not	meet the applic	able statutory f	и июте шап ж	(opti days after nents, thi	onal) r filing.) Pursuant to 60! s date will not be list
rd specifies a d iled.	elayed effective	e date, but no	ot an effective t	ime, at 12:01 a.	m. on the ear	lier of: (t	o) The 90th day afte
07/2	4	_/_	2022	2.0			
07/2	,	Allen	Ann	, ()			

Filing Fee: \$25.00