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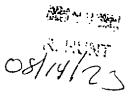
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TO:	Registration So Division of Cor		<i>y</i>	÷					
		TA LUCIA LLC							
SUBJE	CT:	Name of Lim	ited Liability Company		-				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all correspo	ondence concerning this matter	to the following:						
		MERCEDES CRUZ							
			Name of Person						
		2285 SANTA LUCIA L	LC						
			Firm/Company		_				
		3196 SANTA CRUZ DR				β< <sup>γ</sup>			
			Address			( 4) ( ) ( )			
		KISSIMMEE FL 34746							
			City/State and Zip Code		,	~.* ·			
		meralisant@yahoo.com	to be used for future annual report no			AH :			
For furt	her information o	r-mail address: ( concerning this matter, please c		(Treation)	FLE	VIII 2: #2			
JOSE L	EBRON		407 218-0095 at ()						
	Name (	of Person	Area Code Dayti	me Telephone Num	ber				
Enclose	d is a check for t	he following amount:							
<b>≡</b> S25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	icate of ied Cop	Status &			
	Mailing Addre		Street Address:	action					
	Registration Division of C		Registration Section Division of Corporations						
	P.O. Box 631	•	The Centre of						
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

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## AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/20/2023}{}$ and assigned Florida document number 1.23000345319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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.

DocuSign Envelope ID: 8B7BCB12-6367-4943-A4DA-ACD5DCDA2F53 in amending Authorized rerson(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

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