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## **COVER LETTER**

TO:

Tallahassee, FL 32314

Т:	Alexis Las	Or Adu LLC ted Liability Company	
Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  Imall correspondence concerning this matter to the following:  Alexis Labracia  Name of Person  Alexis Labracia  Firm/Company  51+21 Millenia Lakes Bird app 4215  Address  Orlando Firm/Company  Lemail address: (to be used for futire andual report notification)  Information concerning this matter, please call:  XIS Labracia  Name of Person  Area Code  Daytime Telephone Number  S a check for the following amount:  Orling Fee  S 30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)			
turn all correspo	ondence concerning this matter t	to the following:	
	Aiex	IS Labrada  Name of Person	
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	<u> Orlando</u> <u>Alexxis.co</u>	Flurick 32839 City/State and Zip Code Abrack @ gmail. (a	) M
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Alexis Labrada LC

(Name of the Limited (A	Liability Compan Florida Limited Li	<u>y as it now appears on o</u> ability Company)	ur records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L23000348</u>		vere filed on	24/202	and assigned	1
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited <u>liabil</u>	ity company here:			
The new name must be distinguishable and contain the work	ds "Limited Liabilii	y Company," the designa	tion "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:				<u>-</u>
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:				1	
(Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>			12:	
				<del></del>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our record	ls, <u>enter the na</u>	me of the new reg	istered
Name of New Registered Agent:	<u>Alexi</u>	s Labrac	ta		
New Registered Office Address:	5424	Millenia Enter Florida str		Blud ap	<u>* 4</u>
	<u>Orlar</u>	<u>Circ</u>	, Florida _	37839 Zin Code	
New Registered Agent's Signature, if changing Re-	gistered Agent:	- w		-4 -2m	

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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