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COVER LETTER .

TO:	Registration Se	ction).	•
	Division of Cor	porations		
	ALIETY FE	ERNANDEZ LLC		
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ALIETY FERNANDEZ A	RENCIBIA	
			Name of Person	
			Firm/Company	
		1075 CYPRESS FOX BLV	/D	
			Address	
		DAVENPORT, FL 33897		
			City/State and Zip Code	
		Aliety_fernandez@hotmail.		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report	notification)
For furt	her information c	oncerning this matter, please ca	all:	
ALIET	Y FERNANDEZ	ARENCIBIA	786 617-7566	5
	Name o	of Person	Area Code Day	stime Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	5.00 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 Addre		Street Address Production	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7. 23

ALIETY FERNANDEZ LLC			
(Name of the Limited Liability Comp. (A Florada Lamited	nty as it now appears on our recor Liability Company)	<u>w</u>	
The Articles of Organization for this Limited Liability Company Florida document number L23000374861 . This amendment is submitted to amend the following:	were filed on 08/09/2623	UG 25 med 12: 57	
A. If amending name, enter the new name of the limited liab	oility company here:	,	
ALIETY FERNANDEZ ARENCIBIA LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1075 CYPRESS FOX BLVD		
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL 33897		
Enter new mailing address, if applicable:	1075 CYPRESS FOX BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL 33897		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new registered	
Name of New Registered Agent:	***************************************		
New Registered Office Address:	Enter Florida street addre	P51	
	, F	ToridaZip Code	
New Registered Agent's Signature, if changing Registered Agent		,	
	_	South an arrange to a second a sold to the	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, a	and I am familiar with and	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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E. Effective date, if other than the di (If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	ate of thing: be specific and cannot be prior k does not meet the applic	cable statutory filing ((optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 (3)(b will not be listed as the
f the record specifies a delayed effective of the record is filed.	late, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated AUGUST, 18TH	. 2023	·		
	Aliety Fernandez ignature of a number or auth	Acencibia	Га шетвет	
		arrica representative ()		
ALIETY FERNANDEZ A		ted name of signee		

Filing Fee: \$25.00