## L23000384345

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## COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SETRICH LLC
Name of Limited Liability Company SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company 10.0. BOX 20814 Address TAMPA, FL 33622 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | STI+ER D. CASTRO | at (813) | 833-5573 |
| Name of Person | Area Code | Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGÁNIZATION OF

-	•	2.	
•	•	20	
GETRICH, L	îā		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
(** Forda Emilied E	Satisfied Company)	1: 29	
The Articles of Organization for this Limited Liability Company	were filed on 8/15/2023	and assigned	
Florida document number 423000384345			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	17973 DAIRY FAR.	m CT.	
	17973 DAIRY FARM CT. LAND O'LAKES, FL 34638		
	- LARCE, IL		
Francisco marilla and durant formal to 1.1			
Enter new mailing address, if applicable:	0 0	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 20814 TAMPA, FL 3362:	<del>_</del>	
	TAMPA, FL 3362:	2	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the nan	ne of the new regist	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Now Degistered Office Address	7677 7	-	
New Registered Office Address:	7973 DAIRY FARM CT	·	
LAND.	O'LAKES , Florida	34638	
	Cîty	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ESTHER D. CASTRO	17973 DAIRY FARM CT.	🗆 Add
		LAND O'LAKES, FL 3463	8 □Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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Note: If the dat	if other than the is listed, the date muste inserted in this bluctive date on the D	ock does not meet	the applicable sta	of filing or more than 90 mutory filing required	(optional) days after filing.) Purents, this date will	suant to 605.0207 (3) not be fisted as the	)(b)

Filing Fee: \$25.00