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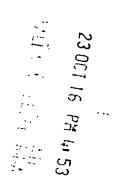
((Requestor's Name)
((Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	,
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.
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	J. HORNE
	OCT 2 4 2023

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT:	Alexa Viza	Pain O, Realty ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexa	Vizcuno Name of Person	
	Alexa	VIZCAMO, LL Firm/Company	<u>C</u>
	280 Lod	ISIO LOOP Address	
	Davenp	City/State and Zip Code	
	<u> Alexa V real</u> E-mail address: (tor@ 6.mail.com	fication)
For further information co	oncerning this matter, please c	all:	
Alexa	Vizcaino Person	at (<u>201</u>) <u>575</u> Area Code Daytim	2543 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	S30.00 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632		The Centre of 1	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF G
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Alexa Vizcaino Realty. LLC (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 August 18, 2023 and assigned
Florida document number <u>L 23000,389305</u>
norma document name of the control o
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Alexa VIZCA(YIO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida 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
			□Add
			□Remove
			□Change
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ian effe <u>√ote:</u>	ve date, if other than the date of filing:
d is file	
Dated _	October 10. 2023.
	October 10 2023. Alexa Viscainto Signature of a member of a member
	Alexa Vizcain O Typed or printed name of signee