## L23000393765

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SECRETARY OF STATE OF

## **COVER LETTER**

TO: Registration S Division of Co				
	UXE, PLLC			
SUBJECT:	Name of Lin	nited Liability Company	y	<del></del>
77k	Shared as 15 ()	Se a company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	Jonathan Steszewski, Esq			
		Name of Person	1	· · · · · · · · · · · · · · · · · · ·
	Steszewski Law			
		Firm/Company	,	<del></del>
	15100 NW 67 Ave., Suite	204		
		Address		
	Miami Lakes, FL 33014			
		City/State and Zip C	Code	
	Jonathan@steszewskilaw.c			
For further information of	e-mail address: (	to be used for future an	inual report notific	cation)
Eileen Ruisanchez		305	631-2438	
Name o	of Person	at ( Area Code	Daytime	Telephone Number
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	У	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Straight Division of C P.O. Box 632	Section Corporations	Reg Div	et Address: istration Sect ision of Corpo Centre of Ta	orations
Tallahassee, l	FL 32314			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 NOV 18 AH 8:39

ENTALUAE,	FLLC			
	(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 08/22/2023 and assigned Florida document number \_\_\_\_\_L23000393765 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 registered agent and/or the new registered office address here: Jonathan Steszewski, Esq. Name of New Registered Agent: 15100 NW 67 Ave., Suite 204 New Registered Office Address: Enter Florida street address , Florida 33014
Zip Code Miami Lakes 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.

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: D79FA358-6E22-4393-A165-89FD40196FD4

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>	Name	Address	Type of Action
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			□Remove
			□Add
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mending any other informat	, enter thange(b) liti	e. (Anach agamo	nai sneets, ij necess	ary.)
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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior ck does not meet the applic	r to date of filing or mo able statutory filing	re than 90 days after fili	ng.) Pursuant to 605.02
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
October 28	2024			
1	·	·		
-1-1-3	ignature of a member or auth	orized representative o	fa member	<del></del>

Filing Fee: \$25.00