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(Re	equestor's Name)	
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(Do	ocument Number)	
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		J. HORNE APR 27 202

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>LA</u>	OSTIA S	IN LL.C	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	JORG	EL DIA	77
		Name of Person	
		Firm/Company	
	69051	UW 425	<u> </u>
	MIAMI 5LDT 710 E-mail address: (1	Address F	O M
For further information co	ncerning this matter, please ca	all:	
Sov So Name of	L DIAZ	at (786) 523 Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2024 APR 15 APR 15 APR 10: 05 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08 23 2023 and assigned Florida document number 2300039222 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A. If amending name, enter the new name of the limited liability company here: A. If amending name, enter the new name of the limited liability Company," the designation "L.L.C." 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:

Name of New Registered Agent:

New Registered Office Address:

7280 NW 7 ST UNIT 1

Enter Florida street address

Florida 3111

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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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n effect o <u>te:</u> If	date, if other than the date of filing:	207 as
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
is filed		
ted	4/8/2024.	
	4	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00