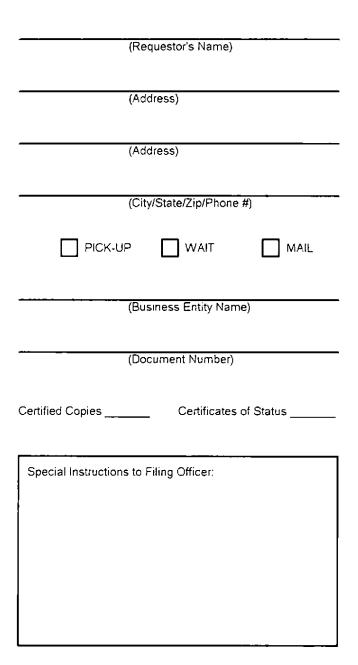
L23000426369



Office Use Only

A. RIVERS NOV 8 2023



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COVER LETTER

| TO: Registration So Division of Cor | | · | | | |
|--|---|---|---|--|--|
| A. I | JUANA FA | LMOUTH 211 LLC | | | |
| SUBJECT: | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | | PILAR A. GONZALEZ | | | |
| | • | Name of Person | | | |
| | į | IUANA FALMOUTH 211 LLC | | | |
| | | Firm/Company | | | |
| 8569 PINES BLVD SUITE 215 | | | | | |
| | | Address | | | |
| | | PEMBROKE PINES FL 33024 | | | |
| | | City/State and Zip Code | | | |
| | | smarttax@earthlink.net | | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report | notification) | | |
| | | 954 | 474-1660 | | |
| ROLAND SCHWEND EA | | = | ytime Telephone Number | | |
| Name o | rf Person | Area Code Da | ytime Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address: Registration Section | | Street Address Registration | | | |
| Division of Corporations | | | Corporations | | |
| P.O. Box 6327 | | The Centre of | of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JUANA FAL | MOUTH 211 LLC | |
|--|--|------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records. I Liability Company) | <u>.)</u> |
| ne Articles of Organization for this Limited Liability Companorida document number $\frac{\text{L23000426369}}{\text{L23000426369}}$. | y were filed on 09/13/2023 | and assigned |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited lia | bility company here: | |
| ne new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | J+12+2 | |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our records, <u>enter t</u> | he name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | 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 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 |
|--------------|---------------------|-------------------------------|----------------|
| AMBR | MARIA DORIS ESPITIA | 12551 SW 16th COURT APT 408 C | □Add |
| | | PEMBROKE PINES, FL 33027 USA | □Remove |
| | | | €Change |
| | | | 🗀 Add |
| | | | □Remove |
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| | | | □ Remove |
| | | | Channa. |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated October 23th 2023 Signature of a member or authorized representative of a member |
| Pilar A. Gonzalez |
| Typed or printed name of signee |