# L23000442349

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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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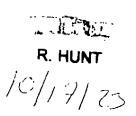
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DIVISION OF CORPORATION OF STATE



## **COVER LETTER**

TO: Registratio	on Section Corporations				
Motder					
SUBJECT:					
	Name of Lim	nited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corr	espondence concerning this matter	to the following:			
	Stefannie Matta				
	<del></del>	Name of Person	<del></del>		
	Motdero				
	-	Firm/Company			
	7157 Narcoossee Road #1-	129			
	Orlando/FL32822	Address		2023 OCT 17 PM12: 40	3.40 1.85 1.80 1.70 3.40 1.85 1.80 1.7
		City/State and Zip Code			47
	Montderostays@gmail.com	·		7 P <b>≱</b>	). 
	E-mail address: (	to be used for future annual report notific	cation)	<u>5</u>	570 122
For further information	on concerning this matter, please ca	alt:		<b>1</b> 0	
Stefannie Matta		321 466-1004		- <del>-</del>	•
Nai	me of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check f	or the following amount:				
□ \$25,00 Filing Fe	e == \$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 enclored)		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number 1.23000442349	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Montdero LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	2028 OCT 1
Enter new mailing address, if applicable:		7 P
(Mailing address MAY BE A POST OFFICE BOX)	NA	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	11/1	
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

Motdero LLC

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
AMBR	Cecilio A. Montalvo	5305 Kailua In Orlando F1,32812	
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Change Members	Address (Stefannie Matta) New A	ddress: 71 <i>5</i> 7 Narcoossee I	Road #1429 Orlando FL 328	22	
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