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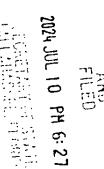
(Re	equestor's Name)	
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JUL 22 2024 K. Brumbles

COVER LETTER

TO: Registration S Division of Co			·
12ventidos	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Catalina Meneses		
		Name of Person	
		Firm/Company	
	10093 Selten Way, # 113		
	-	Address	
	Orlando, FL 32827		
	catalinavl0709@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
Catalina Menescs		407 733-9136	
Name o	t Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration So	ection
Division of C P.O. Box 632	Corporations	Division of Co	rporations
Tallahassee, l		The Centre of 2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12Ventidos L1.C		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/16/2023	and assigned
Florida document number L23000474129	·	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
12 Twenty 2, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDR	ESS)	
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 na	ame of the new registe
agent and/or the new registered office address here:		- S. L
		<u> 新色 月 5</u>
Name of New Registered Agent:		多 6 日本
N. D. J. 1005		P
New Registered Office Address:	Enter Florida street address	5- 6
	timer i minut su eet ataress	20 TA NO
	, Florida	
	City	Zin 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
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
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			Change
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			□ Remove
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ffective date, if other tha	on the date of filing: (optional)
an effective date is listed, the dote: If the date inserted in	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as a the Department of State's records.
record specifies a delayed e Lis filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated June 18	. 2024
	Signature of a member or authorized representative of a member
Catalina Meneses	\cap 1.1. A

Filing Fee: \$25.00