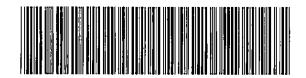
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## **COVER LETTER**

TO: Registration S Division of Co			
	DE LA VELA LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAMIAN BELL GUERRI		
		Name of Person	
	LA CASA DE LA VELA	LLC	
		Eirm/Company	
	11024 SW 237TH LN		
		Address	
	HOMESTEAD, FL 33032		
	lacasadetavelamiami@gmai	City/State and Zip Code	
		to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	
DAMIAN BELL GUE	RRERO	786 359-1716	
Name	of Person		e l'elephone Number
Enclosed is a check for	the following amount:		;
■ \$25,00 Filing Fee	(i) \$30.00 Filing Fee & Certificate of Status	13 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(J \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of (	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee		The Centre of T	fallahassee e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CASA DE LA VELA LLC (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 NOVEMBER 13, 2023 and assigned Florida document number 1.23000512024 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: Name of New Registered Agent: New Registered Office Address:

## 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.

Enter Florida street address

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	RICARDO RICARDO	7667 N STONE CREEK CIR	≣Add
		HOLLYWOOD, FL 33024	;=\n
			[]Change
AMBR	MERCEDES CARMONA	7667 N STONECREEK CIR	, ∭Add
		HOLLYWOOD, FL 33024	
			[DChange
			[]Add_
			□Remove
		. <u> </u>	□Change
			[]Add
			(_]Remove
· <del></del>			DAdd
			ElRemove
			( Change
			(T)Add
			[]Remove
			ClChange

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retive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing a Parsuant to 605.0
e: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective tim (filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed DECEMBER 12	
	•

Typed or printed name of signee