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(1	Requestor's Name)
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TO: Registration Sec Division of Corp			. •	•	
SUBJECT:	LALATEDSCAIG	227 W			
Southern		ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	MADIA NUNEZ	Name of Person			
		Name of Person			
	IMVICTA LIV	NG W			
	1.04.715	Firm/Company			
	SSCOL EVERTE I	WATCH DR			
		Address			
	KISS UNMEE	EL 3/44L			
		FL 3/A-46 City/State and Zip Cod	le		
	E-mail address: (to be used for future annu	al report notification)		
For further information co	neerning this matter, please o	all:			
MARIA NUNE	2	at (_ 321 _)_	5882624		
Name of		Area Code	Daytime Telephi	one Number	
Enclosed is a check for the	: following amount:				
2 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy radditional copy is c		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address			Address:		
Registration Se Division of Co			Registration Section Division of Corporations		
P.O. Box 6327			Centre of Tallahas		
Tallahassee, F	L 32314	2415	N. Monroe Stree	t. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now apputed Liability Compar	<u>)ears on our records.)</u>	97 - 1 TARY	fit for all
		TA	SCURLTARY ALLAHASSE	E.FLORIDA
e Articles of Organization for this Limited Liability Comp	oany were filed on	08/28/24		d assigned
orida document number <u>L23000548287</u>				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited	liability company	here:		
e new name must be distinguishable and contain the words "Limited	Liability Company," tl	ne designation "LLC" c	or the abbreviation	on "L.L.C."
iter new principal offices address, if applicable:				<u>. </u>
rincipal office address MUST BE A STREET ADDRES.	<u></u>			
nter new mailing address, if applicable:				
failing address MAY BE A POST OFFICE BOX)				
If amending the registered agent and/or registered of	fice address on ou	r records, <u>enter th</u>	e name of th	e new registe
If amending the registered agent and/or registered of ent and/or the new registered office address here:	fice address on ou	r records, <u>enter th</u>	e name of th	e new registe
ent and/or the new registered office address here:	fice address on ou	r records, <u>enter th</u>	e name of th	e new registe
	fice address on ou	r records, <u>enter th</u>	e name of th	e new registe
ent and/or the new registered office address here:			e name of th	e new registe
ent and/or the new registered office address here: Name of New Registered Agent:		r records, <u>enter th</u> Florida street address	e name of th	e new registe
ent and/or the new registered office address here: Name of New Registered Agent:	Emer		ida	
ent and/or the new registered office address here: Name of New Registered Agent:	Enter City	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
_MGR	Luis A. FLORES	3700 FARM BELL FLACE	E Add
		LAKE MARY, IL 32746	□Remove
			□Change
		-	□Add
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be pute: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	olicable statuto			
ecord specifies a delayed effective date, but not an effectivis filed.	e time, at 12:0	1 a.m. on the ear	lier of: (b) The	90th day after t
red August 28 . 2024	<u> </u>			
DAGILLA	W .			
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