. 2:23 PM Division of Corperati

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> > (((H24000220634 3)))



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: (305)444-4994

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K. SALY

JUN 2 7 2024

7.5

## ARTICLES OF AMENDMENT TO

FILEU SUN 26 AM 2:49

ARTICLES OF	ORGANIZATION
•	OF ALLAS AS
(Name of the Limited Liability Con	ORGANIZATION OF  Est yent Title LLC  lipagy as It now appears on our revords.  In additionally Company)
The Articles of Organization for this Limited Liability Compa	m were filad an
Florida document number 1240000 4898	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lin	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	hilling (*)
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1202 W GENTAA/ BLVE OR HAN GO, FL 32805
3 95	
Enter new mailing address, if applicable:	SAME
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: FEA	IGIE SUMMER
	Y GENTRA! BIND Enser Florida street address
	RIANDO Portda 32805
low Registered Agent's Claneton 16 to 1	Zip Gode

legistered 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:

13053284774

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	CONSUELO CORRECLET	16330 NW 84CF	[] 4.44
		16330 NW 84 CF MMAI LAKES, FL 33016	<b>Ø</b> Remove
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If th	date, if other than the date of filing:  6/26/2024  (optional)  e date is listed, the date must be specific and conton be throw to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	JUNE 26 . 2014
; · <u>;</u> · -	Signature of a member or authorized representative of a member
	CONSUE O CORRECLET Typed or printed name of signer