L 2400060170

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COVER LETTER

	ition Section of Corporations						
011D 12300	Stabilizers, LLC						
SUBJECT:Name of Limited Liability Company							
The embound Audi		.h.,:0, 1 for 61					
	icles of Amendment and fee(s) are su correspondence concerning this matter						
r icase return an e	orrespondence concerning this mane	to the following.					
	Rafael Fabian						
		Name of Person					
	Rafael Fabian PA						
		Firm/Company					
	4675 Ponce De Leon Blo	vd, Suite 302					
		Address					
	Coral Gables, FL 33146						
		City/State and Zip Code					
	rafael@fabianpa.com	: (to be used for future annual report notification)					
For further inform	nation concerning this matter, please						
Rafael Fabian		305 856-6700					
	Name of Person	at (
		, 223 Co. 20					
Enclosed is a chec	ck for the following amount:						
El \$25.00 Filing	_	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					
	Address: ation Section	Street Address: Registration Section					
	on of Corporations	Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024773 13 17:12:26

(Name of the Lim	ited Liability Comp	nany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited I Florida document number L24000060170			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here	:
unchanged			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	unchanged	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	unchanged	
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our reco	ords, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	unchanged		
New Registered Office Address:	unchanged	P Pl. 24.	street address
		Enter Florida	
	unchanged		unchanged
	unchanged	City	Fiorida unchanged Zip Code

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	Eliberto J Gracia	3103 NW 20 Street	□Add
		Miami, FL 33142	□Remove
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			DAdd
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	02/01/2024
ectiv	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>ite:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cumen	it's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed Fo	
is filed	i.
is filed Fo	i.
is filed Fo	i.

Filing Fee: \$25.00