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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Gerardo Serrand	UC	
Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Λ I. (~ ~	
Yeardu	Name of Person	
Creardo {	Gergno UC	
	Firm/Company	
10648 Caws	worth Pt	
	Address	
Orlando F	L 32832	
C	ity/State and Zip Code Sb-properties. Ne	·····
E-mail address: (to be	used for future annual report notifies	ation)
For further information concerning this matter, please call:		
Gerardo Serrano	_at (407) 773°	7988
Name of Person	Area Code Daytime T	elephone Number
Enclosed is a check for the following amount:		
№ \$25.00 Filing Fee	☐ \$55,00 Filing Fcc &	☐ \$60.00 Filing Fcc.
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	(worthware copy is archivecy)	(additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Secti	on
Division of Corporations	Division of Corpo	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tal 2415 N. Monroe S	
, an	Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clerardo Ser	rano LCC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400065257</u> .	were filed on 62/05/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	· · ·
Gerardo Enrique Serraro (The new name must be distinguishable and contain the words "Limited Liabil	Simer LLC lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2024 #4 T
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	मिन्स 🍱 📑
) STA
	in 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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
			□Add
			Change
			□Add
			Пенюve
			Change
			□Add
			□ Remove
			□Change
			□ Rетюче
		□ Renюve	
			□Change
			□Add
			□Remove
			☐ Change

a	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: 05/07/2029. (optional) ffective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	May 07 2029.
	May 01 Copalor
	Signature of a member of authorized representative of a member
	Gerardo Serrano

Filing Fee: \$25.00