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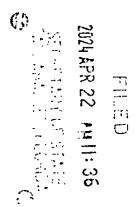
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COVER LETTER

Division of Corpo	•	,	
SUBJECT: LAUT	-a L. Laux	edo LLC.	,
30bsec1		ited Liability Company	 - <u>-</u>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Lau	ra L. Lacredo	·>
		Name of Person	
		V/A	
		Firm/Company	
	3170 COR	al Way - APT. Co	05
	MIAMI-F	1. 33145-326	79
		and the many areas	
		@ GMAIL COM	
	E-mail address: (to be used for future annual report notificati	on)
For further information con	cerning this matter, please ca	all:	
Laura L.	Lauredo	at (<u>305)</u> 586 · 1 · Area Code Daytime Tel	581
Name of P	erson	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Section	n
Division of Cor		Division of Corpora	

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

LAURA L. LAUR	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on Feb ob. 2024 and assigned
Florida document number <u>L 24 0000 6753</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
LALULA LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME
(Principal office address MUST BE A STREET ADDRESS)	
	(5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
er. de la de le la	SAMe PR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Eli.d .
	, Florida City Zip Code
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.

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 00 CO SUL 28th Lane	Type of Action
MGR	Lourdes Lauredo	Address 2900 SW 28th Lane APT. 707 MIGHT-FL 33133	
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note	ctive date, if other than the date of filing:
he rec ord is	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.
Date	d April 16 , 2004.
	Signature of a member or authorized representative of a member
	Laura L. Laure do