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## **COVER LETTER**

TO: Registration Se Division of Cor			
	USTRIES LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LOPEZ, BRANDON		
		Name of Person	
		Firm/Company	
	. 8125 WEST 20TH AVEN	UE .	
		Address	
	HIALEAH, FL 33014		
		City/State and Zip Code	
	ALEX@SUAREZ-BASTE	R.COM to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
LOPEZ, BRANDON		305 885-9846	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		s 20
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	1-11
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/10/2024 and assigned Florida document number  $\underline{L24000083138}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15240 LAUREL LANE SOUTH Enter new principal offices address, if applicable: PEMBROKE PINES, FL 33027 (Principal office address MUST BE A STREET ADDRESS) 15240 LAUREL LANE SOUTH Enter new mailing address, if applicable: PEMBROKE PINES, FL 33027 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: LOPEZ, BRANDON Name of New Registered Agent: 15240 LAUREL LANE SOUTH New Registered Office Address: Enter Florida street address PEMBROKE PINES

## 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ocument's effective date on the De	epartment of State's records.	
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MAY 10	, 2024	9: 27
ated MAY 10	Signature of a member or authorized representative	