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COVER LETTER

Division of Cor			
SUBJECT: ROJA	sa 3 Geruice	6 (CC	
0	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lean C.B.	entez Cabran	<u>a)</u>
	Dojasa	3 Sexuels L	<u> </u>
	14929 B	attenused Dra	ive
	Apring H	Gity/State and Zip Code	010
	Jana. gon E-mail address: (1012 QUNUIS to be used for future annual report notif	habsuraera com
For further information co	oncerning this matter, please ca	all:	
Lean C. L. Name o	Denetet Person	at (<u>&13</u>) <u>() &0</u> Area Code Daytimo	. E. 2 6.5 Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Losara 3 Denuel	6 (C
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2400008501</u>	ompany were filed on $2/16 3034$ and assigned 1 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	in the second
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
igent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Circ 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 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

Title	Name	<u>Address</u>	Type of Action
MGR	Luan Beni	kz Cabrera 14929 B Opring Hill, A	attenwood Add
			□Remove
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11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
ord is fi	
Dated	5/29/24 Lead
	Signature of a member of authorized representative of a member
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