## L24000087069

(Re	equestor's Name	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	A ISLE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Hale, Esq.		
		Name of Person	
	Salva Law, P.A.		
		Firm/Company	
	4000 Ponce de Leon, Suite	: 470	
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	matt@salvalawfirm.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Matthew Hale, Esq.		317 650-9274 at ()	
Name o	f Person	Area Code Daytime	e 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)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recimited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000087069</u>	mpany were filed on $\frac{02/19/2024}{}$ .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Lightlity Company" the decignation "	CLC" or the abbreviation "L.L.C."
the new frame flux of distinguishable and contain the words. Enfinee	d Flaterity Company, the designation	or the anorestation to be con-
Enter new principal offices address, if applicable:		
P <u>rincipal</u> offic <u>e a</u> ddress MUST BE A STREET ADDRE.	(SS)	<u> </u>
		[1],
Enter new mailing address, if applicable:		;; 0
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
Name of the registered rigent.	·	<del></del>
New Registered Office Address:		
	Enter Florida street ad	dress
		. Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

904 Guava Isle LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OLIVER CHANG	4000 Ponce de Leon Blvd, Ste 470	
		Coral Gables, FL 33146	■Remove
			□Change
MGR CLAUDIA ACANDA	CLAUDIA ACANDA	4000 Ponce de Leon Blvd, Ste 470	■Add
		Coral Gables, FL 33146	⊟Remove
			□ Change
<del></del>			□ Add
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ffecti	re date, if other than the date of filing:
	ctive 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
	nt's effective date on the Department of State's records.
record	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
l is tile	d.
ated [	September 20 2027
	Signature of a member or authorized representative of a member

Typed or printed name of signee