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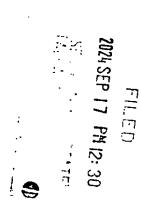
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations					
L. ORTIZ						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LUIS ORTIZ					
	Name of Person					
	L. ORTIZ LAW LLC					
	Firm/Company					
	3211 VINELAND RD STE 141					
	Address					
	KISSIMMEE, FL 34746					
		City/State and Zip Code	.			
	LORTIZLAW@OUTLOO					
	E-mail address: (to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please c	all:				
LUIS ORTIZ		689 288-4929 at ()				
Name o	f Person		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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	or al : Si			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L. ORTIZ LAW LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 02/22/2024	and assigned
Florida document number 1.24000092884		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
ORTIZ LAW PLLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
meijai office address Moor to Traine I Moor Model		
Enter new mailing address, if applicable:		1024 SEC
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		
and the second terms of th	·	
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ee address on our records, <u>enter t</u>	4.7
		30 30
N ON B		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
		- uzaza	□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
	····	.	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

A . 3 . 1 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The reason for the request is to utilize the correct formation as I am an attorney with a legal office and in my office I will be practicing law. E. Effective date, if other than the date of filing: _______ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated September 13 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Luis Ortiz

Filing Fee: \$25.00