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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations			
subject: <u>1401</u>	SW MLK, L Name of Limit	ed Liability Company		
	Amendment and fee(s) are subn			
Please return all correspon	idence concerning this matter to	o the following:		
	Andre	Name of Person		
		Firm/Company		
	2067 SW	159th Terrace		
	<u>Miramar</u>	City/State and Zip Code	SECRETAR TALL Ail	7024 HAR 27
For further information c	E-mail address: (to oncerning this matter, please ea	o be used for future annual report notiful:	ication) & C C/C In T The	PH 3:5
Andre Sen	10C Person	$\frac{\text{at } (954)}{\text{Area Code}} = \frac{586}{\text{Daytime}}$	e Telephone Number	<u>is</u>
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se Division of Cor		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
were filed on 62/28/2024 and assigned
pility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
2067 SW 159 Brace Milamor TL 33027 STERROCCE Milamor TL 33027 STERROCCE Milamor TL 33027 STERROCCE
address on our records, enter the name of the new registered
Senior
Enter Florida street address
City Florida 33027 Zip Code

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

1401 VID MIXILL

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 Type of Action **Address** Name_e Title Steven Luftreno 2037 Club Huise Rd. DAdd N. Fl. Myes TL 33917 X Remove ______ Change mgr Mbr Andre Senior 2067 SW 1594 Terrace Clade Milamor TC 33027 Change □Add □Remove □Add □ Remove □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Removal of Steven Coffreno as the
Althorized Member
Adding Revising Andre Senior to be
the manager member
THE HURINGE
2024 TEC
22 2
ASSO P
To a man
E. Effective date, if other than the date of filing: \(\sigma \) \(\sigma \) \(\sigma \) \(\sigma \) \(\sigma \) (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)
(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.
2024
Dated $Millin 23$. 2024 .
Signature of a member of authorized representative of a member
Andre Sent Manager Member Typed or printed plante of signee

Filing Fee: \$25.00