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COVER LETTER

FO: Registration So Division of Cor			. .
SUBJECT:	W ATERSONG	LOT 244 U	ic.
		ited 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:	
	ULL ALGAM	NEZ	
		Name of Person	
	MUICTA U	IVING LLC	
		Firm/Company	
	3209 EAGLE	WATCH DR	
		Address	
	KISSIMMEE	FL 34746	
		City/State and Zip Code	
	NUNFZON POZ M E-mail address: (to be used for future annua	l report notification)
For further information c	oncerning this matter, please c	ali:	
MARIA NI	INEZ	at (32 \)	588-2624
	f Person	Area Code	Daytime 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 radditional copy is ea	Certificate of Status &
Mailing Addres	i <u>s:</u>	Street A	Address:
Registration S	Section	_	ration Section
Division of C P.O. Box 632			on of Corporations entre of Tallahassee
Tallahassee. 1			N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MATERSONG LOT 244		2024 AUG 30 PM I2: 33			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now app Hiability Compan	Acting of the records.			
The Articles of Organization for this Limited Liability Compan	y were filed on	TALLAHASSEE. FLORIDA and assigned			
Florida document number L 24000 1031 29					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company	here:			
The new name must be distinguishable and contain the words "Limited Liab	pility Company," tl	ne designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		<u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>enter the name of the new registere</u> c			
Name of New Registered Agent:		-			
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida			
New Registered Agent's Signature, if changing Registered Agent	•	7.17			
		tic converts. I further current to commb with the			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance s provided for i	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is			

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Address		Type of Actio		
MGR	Luis A. Floges	3700 FARM BELL PL	ZAdd		
		lake mary, Fl 32746	□Remove		
			□Change		
			🗆 Add		
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an effect <u>lote:</u> If	e date, if other tive date is listed, t the date inserted it's effective date	he date must be : I in this block (specific and a does not me	cannot be prio eet the applic	cable statuto						
record s	specifies a delay l.	ed effective da	te, but not a	in effective t	ime, at 12:0	H a.m. on t	he earlier o	of: (b) - 1	The 90tl	h day afi	er the
				0-54							
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d is filed	Арепзт	-	BHG	cember or auth	<u></u> ·						

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