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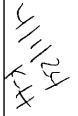
(Requestor's Name)
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COVER LETTER

то:		istration Sec sion of Corp			
SUBJI	CT:	1301	Believe	rs LLC	
		-	Name of Lin	nited Liability Company	
The en	closed	Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please	return	all correspor	idence concerning this matter	r to the following:	
			Elkin	Sanchez	
				Name of Person	,
				Firm/Company	
			20861 Ja	hnson Street #	103
			Pembrok	e Pines, FL 33	3029
				City/State and Zip Code EZ@di++corp (to be used for future annual report notification)	
Car fur	thar in	formation of	oncerning this matter, please o	·	
					7/7
<u></u>	<u>IK</u>		anchez	at (954), 662-1.	203
		Name of	Person	Area Code Daytime Teleph	one Number
Enclos	ed is a	check for th	e following amount:		
⊠ \$2	5.00 F	iling 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 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

1301 Believer	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L240001150</u> 8	ny were filed on 3/6/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
 	, Florida
	•

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

SEL AR THE TOTAL TO

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>	Name	Address	Type of Action
MGR	Elkin D. Sanchez	20861 Johnson ST. #103	NAdd
		Pembroke Pines FL 33020	□Remove
			□Change
MGR	The Elkin Dario Sanhi Revocable Trust	Nez 20861 Johnson ST # 103	□ Add
		Pembroke Pines, FL 33029	Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			H 2: FIER Remove
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record : Lis filed	specifies a delaye d.	d effective date	, but not an e	ffective time,	at 12:01 a.m.	on the earlier	of: (b) T	he 90th de	ay after t	he
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Pated		- Anghar	นโองาร์กล์ก	er or authorize	ed representative	of a member		SES.	PH 2: 12	Ç

Filing Fee: \$25.00