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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: VALERIA	PEREZ DEVELOPME	ENT 3551 LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ALDO A HASBUN			
		Name of Person		
	ALDO A HASBUN PA	1		
		Firm/Company		
	6970 BIRD RD 228			
		Address		
	MIAMI FLORIDA 331	55		
		City/State and Zip Code		
	ALDOAHS6@HOTMA	IL.COM to be used for future annual report not	tification)	
For further information co	oncerning this matter, please c	•	inculony	
LAURA PATINO		at (786) 843-6760	0	
Name of	f Person	Area Code Daytin	nc Telephone Number	
Enclosed is a check for th	e 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)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632 Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALERIA PEREZ DEVELOPMENT 3551 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were file	ed on 03/06/2024	and assigned
Florida document number L24000115215			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability con	<u>ıpany here</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liability Compa	any," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		24
(Principal office address MUST BE A STREET ADDRESS)		# # # # # # # # # # # # # # # # # # #	
			游声目
			F. S. B. D. S.
Enter new mailing address, if applicable:			152 =
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			ame of the new registered
New Registered Office Address:	6970 BIRD RD		
		Enter Florida street address	
	MIAMI	Florida	33155
	Ciņ		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regions.	er and complete perforn	nance of my duties, and I at	m familiar with and

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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
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(If an effe <u>Note:</u>	ce date, if other than the date of filing:
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 d.
Dated _	may 07 . 2024.
	May 07 2014 7 elsen J. Perus Signature of a member of authorized representative of a member
	NELSON JAVIER PEREZ HERNANDEZ

Typed or printed name of signee