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COVER LETTER

Division of Corporations			
SUBJECT: Paola Andrea Serna La Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Sernol Name of Person			
Firm/Company			
1600 NE 5TH CT Address	SECRE	2024 APR	4- 1 1
FORT LAUDERDALE FL 33301 City/State and Zip Code	医影片	- 2	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Paola Gerna 22 @ Small. Com E-mail address: (to be used for future annual report notification)	高等 四字	PH 4: 35	النام الرح، ا
For further information concerning this matter, please call:	ri:	വ	
Paola Andrea Gerna at (305) 9866412. Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate Certified Copy (additional copy is enclosed)	e of Statu: Copy		
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAOLA ANDREA SER	NA LLC	
	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparison for the Liability Comparison fo		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Lia	iability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2	<u> </u>
Enter new mailing address, if applicable:		PART OF
(Mailing address MAY BE A POST OFFICE BOX)		mo =
		1 S
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
·		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
MGR	Paola Andrea Gerna	1600 NE STH CT, Fortlanderdak FL 33301	<u>L</u> XAdd
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			_ Change
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			□Remove
			□Change
			_ □Add -
		SECRETARY OF STALL AHAS SEE.	Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605 020
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cord specifies a delayed effective date, but not an effective time, at 12:0) I a m on the earlier of (b). The 90th day after th
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(A) =	
101-04-2024.	
(-10)-ASD.	
Paola Andrea Serna Typed or printed name of s	sentative of a member

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