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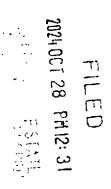
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA COSecha Home Services LLC 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:
Santo Reves Reves Name of Person
La Cosecha Home Services LLC
7528 NW 2nd Court
Miami, Florida 33150 City/State and Zip Code
Son toreyes 672 @ 9mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonto Reves Reves at (786) 973-2907 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

(Name of the Limited Lia (A Flo	bility Company as it now appears on our orda Limited Liability Company)	es //C
The Articles of Organization for this Limited Liability	y Company were filed on <u>03/</u> 43].	08/2024 and assigned
This amendment is submitted to amend the following	;:	P.
la Cosecha Home	Services LLC	on "LLC" or the abbreviation of L.C.
Enter new principal offices address, if applicable:		
If amending name, enter the new name of the limited liability company here: A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	City	Zip Code

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

i

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Remove
			Change
			□Add
			

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ect	ive date, if other than the date of filing:
	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d 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
is fi	ed.
	10/20/2001
ted	10/20/2024
	Intella
	Signature of a member or authorized representative of a member