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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Herencia Landson Name of Limited	Caping LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	he following:
Lorena Ville	Name of Person
	Firm/Company
1148 Milwan	Alkee Blvd Address
Lehigh Acres	
<u>VIII E-mail address: (to b</u>	nirano 5 Camail . Come e used for future annual fort notification)
For further information concerning this matter, please call:	
Lorena Villeda Altamirano Nama of Person	at (239) 821 - 8626 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$60.0
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Herencia La (Name of the Limited Lia	ability Company as it now appears on our records.) orida Limited Liability Company)			
•				
The Articles of Organization for this Limited Liability	y Company were filed on 03/12/2024 and assigned			
Florida document number <u> </u>	<u>} </u>			
This amendment is submitted to amend the following	y. >'			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registo	ered office address on our records, enter the name of the new registere			
agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florida			
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability			

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	David Villeda Ramirez	1148 Milwaukee Blud	_ MAdd
		Lehigh Acres, FL, 3397	<u>H</u> □Remove
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f an effective date is Note: If the date	s listed, the date must inserted in this blo	be specific an ock does not	d cannot be pr	rior to date of f	iling or more	than 90 days :	after filing.) this date v	Pursuant to will not be	o 605.0207 e fisted as
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Dated									7.7
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		Signature of a						<u> : </u>	_ငာ