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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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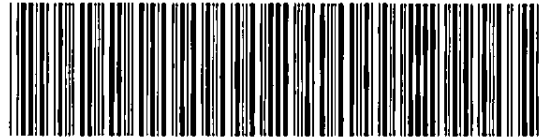
(Business Entity Name)

(Document Number)

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24 MAY 17 PM 1:18
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GUILLEN 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 Liability Company were filed on 03/20/2024 and assigned
Florida document number L24000141171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

639 CASTAWAYS ST NE

PALM BAY, FL 32907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

639 CASTAWAYS ST NE
PALM BAY, FL 32907

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OSCAR D GUILLEN HERNANDEZ

New Registered Office Address:

639 CASTAWAYS ST NE

Enter Florida street address

PALM BAY

City

Florida

32907

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.

Oscar D Guillen Hernandez

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>	<u>Address</u>	<u>Type of Action</u>
PRES	DANILO GUILLEN	639 CASTAWAYS ST NE	<input type="checkbox"/> Add
		PALM BAY, FL 32907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	OSCAR D GUILLEN HERNANDEZ	639 CASTAWAYS ST NE	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 19th 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00