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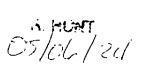
(Requestor's Name)
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COVER LETTER

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eun iect.		Munoz Architecture, LLC			
SUBJECT:		Name of Lin	nited Liability Company	····	
The enclose	d Anieles of	Amendment and fee(s) are sub	unitted for filing.		
		ondence concerning this matter			
		Scott Moore			• >
			Name of Person		•
		Soto Law Group, P.A.			
		 	Firm/Company		,
		2400 E Commercial Blvd.	Suite 400		-
			Address		
		Fort Lauderdale, FL 3330	8		74.
			City/State and Zip Code		
		scott@sotolawgroup.com	to be used for future annual report r	usel the artism t	
For further	information c	oncerning this matter, please c		(Military)	
Scott Moore	e		954 567-1776		
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is	a check for the	ne following amount:			
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contadditional cope	of Status &
Ro	niling Addres	Section	Street Address: Registration	Section	
	vision of C O. Box 632	Corporations	Division of C The Centre o		
	o. Box 052 Illahassee, i			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drucker & Munoz Architecture, LLC (Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L24000159338		and assigned
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 I	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 ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		tr. —
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registe
and the rest registered street and the rest.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 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

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Title	<u>Name</u>	Address	Type of Action
MGR	Alfredo Munoz Herrero	221 RIVER STREET #9	≣Add
		HOBOKEN, NJ 07030	□Remove
MGR			
	Alfredo Munoz	221 RIVER STREET #9	□ Add
		HOBOKEN, NJ 07030	Remove
			Change
			□Add
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	filing.) Pursuant to 605.1 date will not be liste
	The 90th day after
May 2 2024 The formula of Themple of a uniformed representative of a member	

Filing Fee: \$25.00