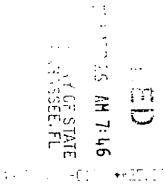
## L24000177839

| (Requestor's Name)                       |
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| (Address)                                |
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| (City/State/Zip/Phone #)                 |
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| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
|  |
| (Document Number)                        |
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| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
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Office Use Only



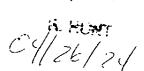
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## **COVER LETTER**

| TO: Registration<br>Division of C   |  | •   |  |
|---|--|---|--|
| FERSO I<br>SUBJECT:   | LC   |   | ·  |
| SUBJECT:  | Name of Lim                                  | ited Liability Company  | <del>,,</del>  |
| The enclosed Articles   | of Amendment and fee(s) are sub              | mitted for filing.  |  |
| Please return all corres  | pondence concerning this matter              | to the following:   |  |
|   | SANTA ORTIZ                                  |   |  |
|   |  | Name of Person  | <u> </u>   |
|   |  |   | 6. 1<br>6. 1<br>6. 1   |
|   |  | Firm/Company  |  |
|   | 12326 LAVENDER LOOF                          |   | 26   |
|   |  | Address   |  |
|   | BRADENTON FL 34212                           |   | AM 7: 46<br>OF STATE<br>SEE, FL  |
|   | -  | City/State and Zip Code   | <del></del> გ  |
|   | FERSOGROUP@OUTLOG                            |   |  |
|   |  | to be used for future annual report notification  | i)   |
| For further information   | concerning this matter, please ca            | all:  |  |
| SANTA ORTIZ   |  | 347 233-3381<br>at ( )  |  |
| Name  | of Person                                    | Area Code Daytime Telep   | thone Number   |
| Enclosed is a check for   | the following amount:                        |   |  |
| ■ \$25.00 Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & E Certified Copy (additional copy is enclosed)  | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addi<br>Registration<br>Division of<br>P.O. Box 6:<br>Tallahassee | n Section<br>Corporations<br>327             | Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee<br>eet, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FERSO LLC .   |   |
|---|---|
| (Name of the Limited Liability Company as<br>(A Florida Limited Liabil  | it now appears on our records.) ty Company)                 |
| The Articles of Organization for this Limited Liability Company were  | e filed on 04/15/2024 and assigned                          |
| Florida document number L24000177839  |   |
| 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 Co                                      | ompany," 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>  |
|   |   |
|   | Es T  |
| Enter new mailing address, if applicable:   | <del></del>   |
| Mailing address MAY BE A POST OFFICE BOX)   |   |
|   |   |
| 3. If amending the registered agent and/or registered office addragent and/or the new registered office address here: | ess on our records, <u>enter the name of the new regis</u>  |
| gent and/or the new registered office address here.   |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | r . r   |
|   | Enter Florida street address                                |
|   | , Florida   |
|   | 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

| <u>Title</u> | Name         | Address             | Type of Action        |
|--------------|--------------|---------------------|-----------------------|
| P<br>        | SANTA ORTIZ  | 12326 LAVENDER LOOP | 🗀 Add                 |
|              |              | BRADENTON FL 34212  | □Remove               |
|              |              |                     | \= Change             |
| AMBR         | ODELYON SOSA | 12326 LAVENDER LOOP | □Add                  |
|              |              | BRADENTON FL 34212  | □Remove               |
|              |              |                     | <b>■</b> Change       |
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|              |              |                     | □Remove               |
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| <del></del>  |              |                     | □Add                  |
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|              |              |                     | □Change               |

| TH                        | HE CORRECT A                                | ADDRESS S                       | PELLING I                     | S 12326 L                    | VENDER                        | LOOP BR                          | ADENTON                         | ——-<br>Fl. 34212                      |                            |                       |
|---------------------------|---|---------------------------------|-------------------------------|------------------------------|-------------------------------|----------------------------------|---------------------------------|---------------------------------------|----------------------------|-----------------------|
|                           | TE CORRECT A                                |                                 | LEELING                       |                              |                               | 2001 510                         |                                 |                                       |                            |                       |
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|                           |   |                                 | -                             |                              | _                             |                                  |                                 | SO CO                                 | 1                          |                       |
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|                           |   |                                 |                               |                              |                               |                                  |                                 | L                                     | 9                          |                       |
| _                         | <u>-</u>                                    |                                 |                               |                              |                               |                                  |                                 |                                       |                            |                       |
|                           |   |                                 |                               |                              |                               |                                  |                                 |                                       |                            |                       |
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|                           |   |                                 |                               |                              |                               |                                  |                                 |                                       |                            |                       |
| ectiv                     | e date, if othe                             | r than the c                    | ate of filin                  | 04/15/20<br>g:               |                               |                                  |                                 | (optional)                            |                            |                       |
| n effec<br><u>ste:</u> [] | ctive date is listed,<br>I the date inserte | the date must<br>ed in this blo | be specific an<br>ck does not | d cannot be p<br>meet the ap | mor to date o<br>plicable sta | of filing or me<br>tutory filing | ore than 90 day<br>g requiremen | ys after tiling.)<br>its, this date v | Pursuant to<br>vill not be | 605.029<br>2 listed a |
| cumei                     | nt's effective da                           | te on the Dep                   | partment of                   | State's reco                 | rds.                          |                                  |                                 |                                       |                            |                       |
|                           |   |                                 |                               |                              |                               |                                  |                                 |                                       |                            |                       |
| ecord<br>is file          | specifies a dela;<br>d.                     | yed effective                   | date, but no                  | t an effectiv                | e time, at                    | 12:01 a.m. (                     | on the earlier                  | of: (b) The                           | 90th day                   | after th              |
|                           |   |                                 |                               |                              |                               |                                  |                                 |                                       |                            |                       |
| ted _                     | PRIL 25                                     | Δ                               |                               | 2024                         |                               |                                  |                                 |                                       |                            |                       |

Filing Fee: \$25.00

SANTA ORTIZ