L24000/8802S

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of (on Section Corporations	
FORDA	AZ INVESTMENTS LLC	
SUBJECT:	Name of Limited Liability Company	_
	Same of Limited Liability Company	
The enclosed Articles	es of Amendment and fee(s) are submitted for filing.	
Please return all corre	respondence concerning this matter to the following:	
	MARIA CARRENO	
	Name of Person	
	CARRENO TORRES INVESTMENTS LLC	S. S
	Firm Company	
	14800 WESTERLY DRIVE APT 4201	2024 JUL 15
	Address	- 12. - 12. 3.
	WINTER GARDEN,FLORIDA,34787	
	City State and Zip Code CARRENOMARIA347@GMAIL.COM	
	E-mail address; (to be used for future annual report notification)	_
For further informatio	on concerning this matter, please call:	
MARIA CARRENO	352 8902825	
Nan	me of Person at () Area Code Daytime Telephone Num	iher
Enclosed is a check fo	or the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	Filing Fee. Teate of Status & Ted Copy and 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

FORDAZ INVESTMENTSTAC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) isility Company)
he Articles of Organization for this Limited Liability Company w lorida document number	ere filed on 04/21/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	TALL TURE
Mailing address MAY BE A POST OFFICE BOX)	्राप्त प्राप्त ।
	<u> </u>
 If amending the registered agent and/or registered office adegent and/or the new registered office address here: 	dress on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planta
	, Florida

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DE PROPERTIES HOLDING LLC	2304 BROOK MARSH LOOP, KISSIMMEE, FL 34747	
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			□Remove
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04/30/201) I					
ective date, if other than the date of filing:		<u> </u>	(opti	onal)		
effective date is listed, the date must be specific and cannot be pr e: If the date inserted in this block does not meet the app	ior to date of dicable state	filing or more that atory filing rec	ian 90 days after Juirements, Thi	tiling.) Pur s date will	suant to 6 not be 1	505,020 isted a
ument's effective date on the Department of State's recor	ds.					
cord specifies a delayed effective date, but not an effective	etima at 13	:Alamanth	a anglise of th	a Thao	th day of	than the
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05/08/2024						
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Signature of whember for au	いし . 7	しろしなぞ	<i>/\/</i> \			