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(Re	questor's Name)	
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COVER LETTER

TO:		istration Se sion of Cor				ı
SUBJEC	or.	ARCHO IR	EIS 10661 2H GROUP LLC			
SUBJEC	C1:		Name of Lin	nited Liability Company		
The encl	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn	all correspo	ndence concerning this matter	to the following:		
			Valerie M. Hassan, Esq.			
				Name of Person		
			Velazquez and Perez Pere	z Law Firm		
				Firm/Company		
			782 NW 42nd Ave., Suite	332		
				Address	 -	
			Miami, FL 33126			
				City/State and Zip Code		
			Valerie@vpplawfirm.com			
				to be used for future annual repo	ort notification)	
For furthe	er int	formation co	oncerning this matter, please co	all:		
Valerie A	М. Н	assan		305 549-81	280	
_		Name of	Person	at () Area CodeE	Daytime Telepho	ne Number
Enclosed	is a c	check for the	e following amount:			
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHO IRIS 10661 2H GROUP 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 4/24/2024 _____ and assigned Florida document number 1.24000192970 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARCHO IRIS 10661 GROUP LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, 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 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
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Effective da	te, if other the	an the date of fili date must be specific o	ing:	A	.1 00.1	(optional)	
Note: If the	date inserted in	this block does no	t meet the appl	cable statutory fil	ling requirement	s, this date will n	ant to 605.0201 of be listed as
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		effective date, but n	iot an effective	time, at 12:01 a.n	n, on the earlier	of: (b) The 90th	day after the
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Filing Fee: \$25.00