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## COVER LETTER

TO: Registration Section Division of Corporations					
DE ALAVA LLC					
SUBJECT:	Name of Limited Liab	oility Company			
The enclosed Articles of Amendmen	t and fee(s) are submitted	for filing.			
Please return all correspondence cor					
Please return an correspondence co-					
JORGI	E ALEJANDRO DE ALA				
		Name of Person			
DE A	LAVA LLC	_			
		Firm/Company			
1203	NW 22ND AVE			- <del></del>	
		Address	<del></del>		
CAP	E CORAL FLORIDA 33	993			
		ty/State and Zip Cod	de		
DEAL	_AVA1@MSN.COM		nal report notification	on)	
	E-mail address: (to be	used for future arm	uai report november	•	
For further information concerning	g this matter, please call:				
JORGE ALEJANDRO DE ALAVA  Name of Person		239 at ()	7030640  Daytime Telephone Number		
		Area Code	Daytime Tel	ephone ramaca	
Enclosed is a check for the follow	wing amount:			Total on Filling Fac	
= cas on Filing Foo	30,00 Filing Fee &	□ \$55,00 Filing! Certified Cop	Fee &	☐ \$60.00 Filing Fee. Certificate of Status &	
	Certificate of Status	(additional copy	is enclosed)	Certified Copy (additional copy is enclosed)	
Mailing Address:		<u>Str</u> Re	<u>eet Address:</u> gistration Secti	SE S	
Registration Section	on cations	Div	vision of Corpo	orations — —	
Division of Corpo	rations	Th	e Centre of Ta	llahassee	

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE ALAVA LLC	
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(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  $\frac{05/02/2024}{1}$ and assigned Florida document number <u>L24000205338</u> 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) 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 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
AMBR	RAFAEL FONSECA SUAREZ	1N471 COUNTY FARM RD	<b>=</b> Add
		WEST CHICAGO JL 60185	□Remove
			□Clunge
			⊐Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
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			DClunge
		<del></del>	□ Add
			□Remove
			Change 2024
			Remove.
		الله الله الله الله الله الله الله الله	Remove.,
			Change

Dated Stat 21	Signature o	_·	nizer representative of	d'a member	SECH JIM	·
he record specifies a delaye ord is filed.  Dated MAY 21	d effective date, but	not an effective (i 2024	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day at	ier the
Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	III this block does in	ot meet the applic	able statutory filing	(option re than 90 days after fi requirements, this o	nal) ling ) Pursuant to 6 late will not be li	05.0207 ( isted as t
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