## L24000205710

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            |             |
| (Add                      | ress)            |             |
| (City.                    | /State/Zip/Phon  | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nai | me)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
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## **COVER LETTER**

TO:

| TO:      | Registration Se<br>Division of Cor                                     |  |  |  |
|----------|--|--|--|--|
| cum ir   | 2901 N BL  |  |  |  |
| SUBJE    | CT:  | Name of Lim                                  | ited Liability Company   |  |
| The end  | lood Amidon of   | Amandarant and fac(a) are sub-               | mittad for Glina   |  |
|          |  | Amendment and fee(s) are sub                 | _  |  |
| Please r | eturn all correspo   | ondence concerning this matter               | to the following:  |  |
|          |  | CESAR ANDRES GOME                            | Z TAVERA   |  |
|          |  |  | Name of Person   |  |
|          |  |  | Firm/Company   |  |
|          |  | 5775 SW 28TH ST                              |  |  |
|          |  |  | Address  |  |
|          |  | MIAMI FL 33155                               |  |  |
|          |  |  | City/State and Zip Code  |  |
|          |  | CESARGOMEZ49@HOTN                            | MAIL.COM to be used for future annual report notific   | ention   |
| P C      | <b>.</b>   |  |  | anony  |
| ror turt | ner information c  | concerning this matter, please co            | aii:   |  |
| CESAF    | R ANDRES GOM   | 1EZ TAVERA                                   | 786 501 1398<br>at ()  |  |
|          | Name o   | of Person                                    | Area Code Daytime  | Felephone Number   |
| Enclose  | d is a check for the   | he following amount:                         |  |  |
| ■ \$25   | 5.00 Filing 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 S Division of C P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27                | Street Address:<br>Registration Sect<br>Division of Corpo<br>The Centre of Ta<br>2415 N. Monroe<br>Tallahassee, FL 3 | orations llahassee : Street, Suite 810. : ?  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2901 N BLVD LLC   |  |                                       |
|---|--|---------------------------------------|
| ( <u>Name of the Limited I</u><br>(À F  | Jability Company as it now appears on ou<br>Florida Limited Liability Company) | r records.)                           |
| The Articles of Organization for this Limited Liabi   | lity Company were filed on MAY 2.  | 2024 and assigned                     |
| lorida document number L24000205710   | ,  |                                       |
| his amendment is submitted to amend the following   | ng:  |                                       |
| . If amending name, enter the new name of the   | e limited liability company here:  |                                       |
| he new name must be distinguishable and contain the words                                       | s "Limited Liability Company," the designati                                   | on "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable   | e:   |                                       |
| Principal office address MUST BE A STREET A   | ADDRESS)   |                                       |
|   |  |                                       |
|   |  |                                       |
| Inter new mailing address, if applicable:   |  |                                       |
| <u>Mailing address MAY BE A POST OFFICE BO</u>  | <u></u>  |                                       |
|   |  |                                       |
| 3. If amending the registered agent and/or regis  | stored office address on our records   | anter the name of the new regist      |
| i. It amending the registered agent and/or registent and/or the new registered office address h |  | , enter the name of the new regist    |
|   |  |                                       |
| Name of New Registered Agent:   | <u> </u>   |                                       |
| New Registered Office Address:  |  |                                       |
| Regimered Office Hadress.   | Enter Florida stree  | et address                            |
|   |  | , Florida Zip Code                    |
| _   | City   | Zip Gode                              |

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>               | Address                        | Type of Action |
|--------------|---------------------------|--------------------------------|----------------|
| MGRM         | Cesar Andres Gomez Tavera | 5775 sw 28th st Miami FL 33155 | ■Add           |
|              |                           |                                | □Remove        |
|              |                           |                                | □ Change       |
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| ffective date, if other than the d  | ate of filing:                   | (option                                | nal)                   |
| an effective date is listed, the date must boote: If the date inserted in this bloc |                                  |  |                        |
| ocument's effective date on the Dep   | artment of State's records.      |  | r=3                    |
|   |                                  |  |                        |
| record specifies a delayed effective of   | date, but not an effective time  | , at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| l is filed.   |                                  |  | 55                     |
| ated MAY 15TH   | 2024                             |  | •                      |
| ated  | ,                                |  | :                      |
|   | lism hom                         | -(                                     |                        |
|   | ignature of a member or authoriz | _                                      | ; <u> </u>             |

Typed or printed name of signee