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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | (dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sect Division of Corpo | | | |
|----------|--|--|---|--|
| SUBJE | ст: <u>Јег Ц</u> |) ear LLC Name of Limi | ited Liability Company | |
| The end | closed Articles of A | mendment and fee(s) are subr | mitted for filing. | |
| Please | eturn all correspond | dence concerning this matter t | to the following: | |
| | | Ely 1 | Name of Person | <u>-</u> - |
| | | | Firm/Company | |
| | | 4509 Purdue | Address | |
| | | Boynton Bea | Address Address Ch FL 33436 City/State and Zip Code | |
| | | E-mail-address: (1 | UPar@icloud.com o be used for future annual report notif |] fication) |
| For furt | her information cor | cerning this matter, please ca | di: | |
| | Ely Be Name of I | VCS erson | at (<u>561</u>) <u>846</u> Area Code Daytime | - 0770 e Telephone Number |
| Enclose | d is a check for the | following amount: | | |
| DV \$2: | 5.00 Filing Fce | ☐ \$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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ear LLC | |
|--|--|
| y Company as it now appears on Limited Liability Company) | our records.) |
| ompany were filed on | 06/2024 and assigned |
| | |
| 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 "L.L.C." Enter new principal offices address, if applicable: | |
| If amending name, enter the new name of the limited liability company here: ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | |
| ted Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
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| office address on our recor | ds, enter the name of the new registere |
| | |
| | |
| Enter Florida s | treet address |
| | , Florida |
| City | Zip Code |
| | ted liability company here: ted Liability Company," the design ESS) Enter Florida s |

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 |
|--------------|-------------|--|------------------|
| P | Ely Preyes | 4509 Purdue Dr. | □Add |
| | | 4509 Purdue Dr, Boynton Beach, FL 33436 | WRemove |
| | | | □Change |
| MGB | Ely Reyes | 4509 Purdue Dr, | _ MAdd |
| | | 4509 Purdue Dr, Boynton Beach, FL 3343 | <u>{</u> □Remove |
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| an effective date is listed lote: If the date inser | er than the date of filing the date must be specific and ted in this block does not me tate on the Department of St | cannot be prior to date of | of filing or more than 90 d tutory filing requireme | _ (optional) ays after filing.) Pursua ints, this date will no | unt to 605.020 of be listed as |
| record specifies a dela is filed. | ayed effective date, but not | an effective time, at | 2:01 a.m. on the earlie | er of: (b) The 90th | day after the |
| ited | , | | | | |
| | Signature of a m | lember or authorized re | presentative of a member | | |
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