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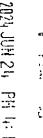
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TALLAHASSES AL SEORETARY OF STATE



COVER LETTER

TO:

Registration Section

Division of Cor	porations		
547 Hewet	ı. LLC		
SUBJECT:	Name of Lin	nited Liability Company	
771 1 1 A 1		w is gr	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Valdes		
		Name of Person	
	West Orange Legal, PLLC	:	
		Firm/Company	
	9100 Conroy Windermere	Road, Ste. 200	SECRETARY OF STATE FALL AREAS SEE. FILE
	-	Address	10 H 2
	Windermere, FL 34786		
	melissa@westorangelegal.c	City/State and Zip Code	
		to be used for future annual report not	diffication)
For further information c	oncerning this matter, please c	all:	
Melissa Valdes		407 792-2058	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

547 Hewett, 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 $\frac{05/13/2024}{1}$ and assigned Florida document number L24000223172 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 authors." 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.

City

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
MGR	The Maximo Reges	<u> inlyada</u>	lo, FL 32807
	Trust Dated M	101 (CLB) e.	□Remove
			□Change
MGR	Maximo Reyes Arias	551 Hewett Drive, Orland	lo, FL 32807
			■Remove
MGR	Viviana Estela Salvador F	ernandez 551 Hewett Drive, Orland	lo, FL 32807 ☐ Add
		-	■Remove
			Change TALL Jadd
			SS GRemove Grange
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: June 20, 2024 (optional) fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. Dated June 20 2024		
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	
	Melissa M. Valdes, Esquire Typed or printed name of signee	

Filing Fee: \$25.00