## 100003349

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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations				
VLADO L	IMITED LIABILTY COMPA	NY			
SUBJECT:	Name of Lin	3.11.135.2			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
		<u>-</u>			
Please return all correspond	ondence concerning this matter	to the following:			
	M A BM (III) DED EE				
	VLADIMIR PEREZ				
		Name of Person			
	VLADO LIMITED LIAB	ILITY COMPANY			
		Firm/Company			
	7904 WEST DRIVE #802				
		Address			
	NORTH BAY VILLAGE	FL 33141			
		City/State and Zip Code			
	DANAY.ALEGRE@DAL	ESOLUTIONMIAMI.COM			
	E-mail address:	to be used for future annual report no	tification)		
For further information of	oncerning this matter, please o	all:			
VLADIMIR PEREZ		305 331-7418			
	CD.	at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 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)		
			(additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S		Registration Section			
Division of C P.O. Box 632		Division of Co The Centre of	•		
Tallahassee. 1			ne Street Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VLADO LIMITED LIABILITY CON	MPANY	
(Name of the Limited	I <u>Liability Company as it now appears on our recor</u> A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liable Florida document number L24000233491	bility Company were filed on 05/20/2024	and assigned
This amendment is submitted to amend the follow	ving:	;
A. If amending name, enter the new name of t	he limited liability company here:	2024 SEI
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation L.L.C
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	99 33
Enter new mailing address, if applicable:		1. <b>W</b>
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	· ——	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Emer Cariaa Meet aaare	.33
	<u>-</u>	lorida
	City	Zip Code

## 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
MGR	VLADIMIR PEREZ	7904 WEST DRIVE #802 NORTH BAY VILL	AGE FI ■Add
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f an effi Note:	ive date, if other ective date is listed, the If the date inserted ent's effective date	he date must be spe I in this block do	eific and cann es not meet t	the applicable	late of filing or restatutory filing	ore than 90 days	optional) after filing.) Purs , this date will i	uant to 605.0207 not be listed as
e record rd is file	d specifies a delaye led.	ed effective date,	but not an e	ffective time.	, at 12:01 a.m.	on the earlier o	f: (b) The 90t	h day after the
Dated [	JUNE 3RD			24				
			T)					
			- 1 1/ /					
		Signan	irg of a memb	er or authorize	ed representative	of a member		