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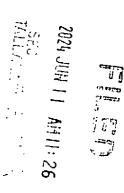
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Landa Services LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Juan C. Cortez |
| Landa Services LLC Firm/Company |
| 31 Tarpon Five |
| Cortez Juan 2 (control of the control of the contro |
| |
| For further information concerning this matter, please call: |
| Name of Person at (305) 769-8386 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| Z \$25.00 Filing Fee |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabil | Services LLC lity Company as it now appears on our records.) Ja Limited Liability Company) | | |
|--|--|-------------------|--|
| The Articles of Organization for this Limited Liability (| Company were filed on OS 20 2024 | and assigned | |
| Florida document number <u>L 24 B002341</u> | • | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or the abbrevia | ation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | |
| | | | |
| Enter new mailing address, if applicable: | 51. - 1 | ~> | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | h224 | |
| | | | |
| | | Times | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the name of t | he new registered | |
| | | | |
| Name of New Registered Agent: | | Sn | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City Zir | o 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 Aúthorized 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 | Juan Cortez | 31 Tarpen Ave. Key Largo FL 33037 | DPAdd |
| | | | □Remove |
| | | | □Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated June 5 gnature of a member or authorized representative of a member