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TO: Registration Section

Division of Cor	porations		
Praeclara, I.	a.c		
SUBJECT:		ited Liability Company	
	Punc Or Isin	ned manney Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Lucty		
	· ·	Name of Person	
	D 1 177		
	Praeclara, LLC	AV	
		Firm/Company	
	558 53rd Ave N		
		Address	
	St. Petersburg, FL 33703		
	_	City/State and Zip Code	
	pracelaralte@gmail.com		-
	E-mail address; (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ail:	
James Luciy		224 775-1094	
Name o	f Person	at () Area Code — Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C P.O. Box 632	Section Orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, 1	FL 32314		e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAECLARA, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our r ability Company)	ecords.)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.24000235539	were filed on <u>05.21.2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	- <u>;</u>
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation," L.L.C.",
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>)</u>
Enter new mailing address, if applicable:		:4 51
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	Enter Florida street c	uldross
	imer i noman sireere	
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutic rovided for in Chapter (es, and I am familiar with and 605. F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	JAMERS M LUETY	558 53RD AVE N	□Add
		ST. PFERSBURG, FL 33703	■ Remove
			□Change
MGR	JAMES M LUETY	558 53RD AVE N	■Add
		ST. PETERSBURG, FL 33703	□Remove
			□Change
			□AdJ
			□Remove
			□Change
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iote: If the	date inserted in	date must be specif t this block does in the Departmen	not meet the app	plicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant t , this date will not b	o 605,0207 (e listed as t
record spec	rifies a delayed c	effective date, bu	n not an effectiv	e time, at 12:01 a	.m. on the earlier c	f: (b) The 90th day	after the
l is filed.							
June 1	26		2024				
-							

Typed or printed name of signee