(Req	uestor's Name)	
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## **COVER LETTER**

	istration Sect ision of Corpe			
	GRUPO P 24			
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		KIMBERLY MARENCO		
		1	Name of Person	
		DIFALCO & FERNANDE	Z, LLLP	
			Firm/Company	<del></del>
		1 ALHAMBRA PLAZA, S	SUITE 1460	
			Address	
		CORAL GABLES, FL 331	34	
			City/State and Zip Code	
		KMARENCO@DFLLLP.C	ОМ	
		E-mail address: (1	o be used for future annual report noti	fication)
For further in	nformation cor	ncerning this matter, please ca	all:	
KIMBERLY	MARENCO		305 569-9800 at ( )	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)
Reg Div P.C	ding Address: gistration Serision of Co D. Box 6327	ection rporations	Street Address: Registration Se Division of Cor The Centre of T	porations Callahassee
Tal	lahassee, Fl	u 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO P 248 GP, 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 06/14/2024 and assigned Florida document number L24000271591 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASA PRINCETON 248 GP, LLC 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: (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

## 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
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166	ve date, if other than the date of filing: (optional)
f an effe Note:	ve date, if other than the date of filing:
record d is fil	d 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 ed.
	SEPTEMBER 4 2024
Dated .	SEPTEMBER 4 , 2024 .
Dated <sub>.</sub>	,
Dated <sub>.</sub>	Signature of a member or authorized representative of a member