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COVER LETTER

TO:	Registration Section
	Division of Corporations

3E ET 16684 SW 59TH CT.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:

Eric Trillas

Name of Person

Firm/Company

7850 NW 146th Street

Address

Miami Lakes, FL 33016

City/State and Zip Code

trillasproperty@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Eric Trillas

Name of Person at (______) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy (s enclosed))

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

> 35 S

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3E ET 16684 SW 59THÅ CT,Å LLC		
(<u>Name of the Limited Liability</u> (A Florida I	<u>Company as it now appears on o</u> Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000282249</u>	ompany were tiled on <u>6/21/202</u>	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
3E ET 16684 SW 59TH CT,LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address		
	Enter Florida stro	et address
		Florida
	Ciţy	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 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>	<u>Name</u>	Address	<u>Type of Action</u>
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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 [2:0] a.m. on the earlier of: (b) The 90th day after the record is filed. <u>.</u>]

July 1!	2024	. .	<u>မ</u> သ
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	Signature of a member or authorized representative of	a member	
Eric Trillas			
	Typed or printed name of signee		