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2024 JUL 11 AMII: 27 SECH TARY OF STATE TYNIN ANASSEE, FL

COVER LETTER

то:	Registration Se Division of Cor			
eunue	JOEM2024			
SUBJE.	CT:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		CARLOS ORIGUEN		
			Name of Person	
			Firm/Company	
		3723 SENECA CLUB LO	OP UNIT C	
			Address	
		ORLANDO FL 32808	25. ab 197. ab. t	
		CLOMUSA78@GMAIL.C	City/State and Zip Code OM	
		E-mail address: ()	to be used for future annual report notific	ation1
For furt	her information e	oncerning this matter, please co	all:	
CARL	OS ORIGUEN		479 3730152	
***	Name o	l Person	at ()	Lelephone Number
Enclose	ed is a check for th	e following amount:		
≣ \$25	5,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

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

ity Company as it now appears on our records.) a Limited Lability Company)
Company were filed on 06/25/2024 and assigned and assigned
nited liability company here:
nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
RESS)
ed office address on our records, enter the name of the new register
Enter Florida street address
Florida
, Florida Cip = ———————————————————————————————————
ed Agent:
and agree to act in this capacity. I further agree to gomply with to complete performance of my duties, and I am familian will and agent as provided for in Chapter 605, F.S. Or, if his document is ed office address. I hereby confirm that the limital lightless.
If Changing Registered Agent, Signature of New Registered Signature

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			\ _Add
			□Remove
			☐ Change
			□Add
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			202 202 202 202 203 203 203 203 203 203
			SCOP AR IT
			2026 JUL 130 AK JJ: 26 oc SECRETARY OF BIATED TALLAHASSEE FL
			□ Change

"MANAGE, BUY AND SELL I	REAL ESTATE PROPERTIES, SUCH AS COMMERCIAL, RESIDENTIAL
AND LAND, BUY, SELL AND	TRADE AUTOMOTIVE VEHICLES, MECHANICAL SERVICES FOR
VEHICLES AND TRUCKS"	
	
	06/29/2024
ote: If the date inserted in this block	specificand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0205 does not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.
	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	2024 (SEE)
06/29/2024 nted	SECTAR TALLAR
	nature of a member or authorized representative of a member ET STATE FILE 26
Sim	nature of a member or authorized representative of a member $\frac{1}{12}$

Filing Fee: \$25.00