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(Req	uestor's Name)	
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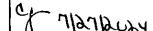
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COVER LETTER

TO:

	gistration Se vision of Cor				
		ONIA LN LLC			
SUBJECT	<u> </u>	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		NELSON PINO			
			Name of Person		
		1866 LAVONIA EN LLC			
			Firm/Company		
		2524 RIVERFIELD RD			
			Address	······································	
		CAPE CORAL, FL 33909			
			City/State and Zip Code		
		NELSONP.LLC@GMAIL.			
		E-mail address: (to be used for future annual report not	ification)	
For further	information c	oncerning this matter, please e	all:		
NELSON F	ONI		407 534-7538		
	Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is	a check for th	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)	
	ailing Addres	-	Street Address:	ction	
	egistration S vision of C	orporations	-	Registration Section Division of Corporations	
P.(O. Box 632	7	The Centre of T	Tallahassee	
Ta	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 23 8:4,7

1866 LAVONIA LN LLC	
(Name of the Limited I (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 06/26/2024 and assigned
lorida document number 1.24000288276	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
Principal office address MUST BE A STREET A	1DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO.	<u></u>
gent and/or the new registered office address h	iere:
Name of New Registered Agent:	stered office address on our records, enter the name of the new regist tere: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	NELSON PINO	2524 RIVERFIELD RD	■Add
		CAPE CORAL. FL 33909	□ Remove
		Change	
		□Add	
			□Remove
			Change
			
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
		A	□Add
			□ Remove
			□Change

iffec	tive date, if other than the date of filing: (optional) Meetive 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
	rd 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
d is f	iled.
	JULY 16TH 2024
	2.2
Dated	
Datec	Tills to off
Datec	Signature of a member or authorized representative of a member
Datec	Thywaff