1-24000288276

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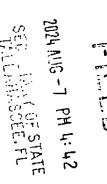
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COVER LETTER

TO:	Registration Sectorial Division of Corp				
CUID IEA	1866 LAVOI	NIA LN LLC			
SUBJE	C1:	Name of Lim	ited Liability Company		
		mendment and fee(s) are sub			
Please re	eturn all correspon	dence concerning this matter	to the following:		
		NELSON PINO			
			Name of Person		···
		1866 LAVONIA LN LLC			
			Firm/Company		
		2524 RIVERFIELD RD			
			Address		
		CAPE CORAL, FL 33909	Address RAL, FL 33909 City/State and Zip Code LLC@GMAIL.COM		
		NELSONP.LLC@GMAIL.	*		
		-	to be used for future annua	report notification)	
For furth	ner information cor	ncerning this matter, please ca	all:		
NELSO	N PINO		407 53 at ()	34-7538	
	Name of I	'erson	Area Code	Daytime Telepho	one Number
Enclosed	d 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 is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street A	ddress:	. N

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

1866 LAVONIA LN LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000288276	were filed on 06/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e 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 a agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Chala
New Registered Agent's Signature, if changing Registered Agent:	•	April 1
I hereby accept the appointment as registered agent and agre	ee 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 documentes 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	Type of Action
MGR	NELSON PINO	2524 RIVERFIELD RD	■Add
		CAPE CORAL, FL 33909	□Remove
			Change
			□Add
			□ Remove
			☐Change
			□Add
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Effective date, if other the If an effective date is listed, the date: If the date inserted in document's effective date or	ate must be specific a this block does not	and cannot be prior to t meet the applicab	date of filing or more the	(optional) in 90 days after filing.) P irements, this date w	ursuant to 605.0207 (3)(ill not be listed as the
e record specifies a delayed e rd is filed.	ffective date, but n	ot an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 9	90th day after the
JULY 16TH		2024			202 S.E
Dated		TMING	CA_		SECTOR
Jated			· // —		-,
Jated	Signature of	a member or authoriz	zed representative of a m	ember	
Dated		a member or authori	ved representative of a re	ember	-7 PH 4: 42

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