## L24000292462

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PICK-UP WAIT MAIL
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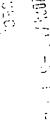
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## **COVER LETTER**

TO: Registration Section Division of Corp.			
SUBJECT: Aleja	ndra Perez L	TC	
	Name of Lim	ited Liability Company	
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:	
	Aleja	ndra Perez Name of Person	
		Name of Person	
		Firm/Company	
	爵 2524 S	te Jeune nd # 638	
		Address	
	mami, E	City/State and Zip Code C2 1228@gmal.con	ر د ک
	aleia Pere	City/State and Zip Code	<b>↑</b>
	E-mail address: (	to be used for future annual report notification)	: :23
For further information con	ncerning this matter, please ca	all:	·
Alexandr	a percr	at (786) 237 9444	
Name of I	Person	Area Code Daytime Telephone i	Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address Registration Se		Street Address: Registration Section	
Division of Co		Division of Corporations	
P.O. Box 6327	, -	The Centre of Tallahassee	
Tallahassee, F	L 32314	2415 N. Monroe Street, S	uite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alejandra Pe	
(Name of the Limited Liability Compa (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 <u>L24</u> 000292662	were filed on $6/28/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	2
	23
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida City 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>	Name	Address	Type of Action
AMBR	Alejondra Perez	2529 S Le Jeven (d #63) Miami, FL 33139	3 t\(\frac{1}{2}\)Add
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			□Change
AMBR	Avasn Jamasbi	2524 S Le Jeune 1 # 63 Miami, FL 33134	8 BAdd
			□ Remove
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