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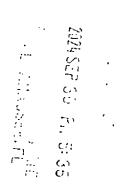
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COVER LETTER

	Division of C		i .	
SUBJEC	ACUNA	S COMPANY LLC	3 40	•
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		LINDA E SANCHEZ		
			Name of Person	
		NONA LS ACCOUNTING	G INC	
			Firm/Company	<u> </u>
		11954 NARCOOSEE RD		
			Address	
		ORLANDO. FL 32832		
		INFO@NONALSACCOU	City/State and Zip Code	
		•	to be used for future annual report notific	cation)
For furth	er information	n concerning this matter, please ca	all:	
LINDA	E SANCHEZ		407 930-9000	
	Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check fo	r the 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)
	Mailing Add Registration		<u>Street Address:</u> Registration Sect	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACUNA S COMPANY LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1.24000315717	I on 07-16-24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	2024 S
(Mailing address MAY BE A POST OFFICE BOX)	3 · · · · · · · · · · · · · · · · · · ·
	S S
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
r.	mer rioriaa street aaaress

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.

City

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	MARIEL VEGA OLIVERAS	3702 SW 28 TH TER APT B	≣ Add
		GAINESVILLE, FL 32608	□Remove
			□Change
			
			□Remove
			Change
			🗆 🗅 🛆 dd
			□Remove
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			□Remove
			□Change

				
				
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Effective date, if other than the diff an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applic	to date of filing or more the	(optional) an 90 days after filing.) Pursu uirements, this date will no	ant to 605.0207 (of he listed as the
e record specifies a delayed effective ord is filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of; (b) The 90th	day after the
Dated SEPTEMBER,23	2024			
		 ·		
See Tol	ignature of a member or auth			