

(((H24000279745 3)))



Division of Corporations Fax Number : (850)617-6383 From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		
Fax Number : (850)617-6383 From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	To:	
From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		
Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 Control of the control		Fax Number : (850)617-6383
Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 Control of the control		
Account Number: 120190000000000000000000000000000000000	From:	Account Name - PHILIPPE ACCOUNTING BROCESSTONALS CORP.
Phone : (786)953-7449 Fax Number : (786)953-7450 Comparison of the control of t		
Fax Number : (786)953-7458 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		` ,
	<u></u>	
	anr	nual report mailings. Enter only one email address please.**

Ханининтинин интиникинин интиниченин инти	necessarios con concessorios con contra con contra con contra con
Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

AUG 2 1 2024

Electronic Filing Menu — Corporate Filing Menu —

Help

Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co				
	RADORA LLC			
SUBJECT:	Name of Lir	niteć Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmixed for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JESUS A VELIZ PERNI	1		
		Name of Person		
	LA ASPIRADORA LLC		J	2
		Firm/Company		2024 AHG
17670 NW 78 AVENUE, SUIT		SUITE 208	돌마 (청구)	<u></u>
Address				_
HIALEAH, FL. 33015		F= (A)	TO IL	
	-	City/State and Zip Code		رخ ت
	BUSINESSACCTPROF@	GMAIL.COM to be used for future annual r	• •	ונ
For further information of	concerning this matter, please e		report notineation)	
JESUS A VELIZ PERN			-7449	
Name o	of Person	at ()	Daytime Telephone Number	
Enclosed is a check for :	he following amount:			
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &	
Mailing Addres Registration S Division of C P.O. Box 632	Section Orporations	Division	dress: tion Section of Corporations tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA ASPIRADORA ELC		<u> </u>
(<u>Name of the Lin</u>	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{IU}{2}$	LY 15, 2024 and assigned
Florida document number 1.24000325430		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company be	<u>:re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if appl	icable:	esignation "LLC" or the abbreviation "LLC" 84
(Principal office address MUST BE A STRE		13.83 OF P
Enter new mailing address, if applicable:		S IATE LORN
(Mailing address MAY BE A POST OFFICE	F ROX)	
B. If amending the registered agent and/or agent and/or the new registered office addr		ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	JESUS A VELIZ PERNIA	
New Registered Office Address:	17670 NW 78 AVENUE	
		ida street address
	HIALEAH	, Florida <u>33015</u> Zip Code
Name Description of America Countries of Alexandra	•	***

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 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	JESUS A VELIZ PERNIA	17670 NW 78 AVENUE	
		HEALEAH, FL. 33015	
			Il Change
AMBR	KYA HOLDINGS	17670 NW 78 AVENUE	□Add
		HIALEAH, FL. 3301	2024 AUG 21
			
		·	□Remove
			□Change
			🗆 Adė
			□Remove
			DChange
			□Add
			ПRemove

Typed or printed name of signee