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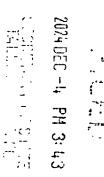
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

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Tallahassee, FL 32314

TO:	Registra Division		tion orations		
cuntra		la & Ass	ociates, LLC		
SUBJEC	~1: <u></u>		Name of Lim	nited Liability Company	
The encl	osed Arti	cles of A	Amendment and fee(s) are sub	omitted for filing.	
			dence concerning this matter	-	
			Ron Prada		
				Name of Person	
			Prada & Associates, LLC		
			-	Firm/Company	
			13943 SW 44 St		
				Address	
			Davie, Fl. 33330		
				City/State and Zip Code	
			prada13943@gmail.com	20	
			E-mail address: ((to be used for future annual report notification)	٠
For furth	er inform	ation co	ncerning this matter, please ca	(to be used for future annual report notification)	ا حجہ ۲۰۰
Ron Pra	da			305 333-8090 ,-	
		Name of	Person	at () Area Code Daytime Telephone Number	Ĺ.
Enclosed	I is a chec	k for the	e following amount:	11. 05	
■ \$25.	00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Registra Divisio P.O. Bo	ation Son of Co	ection orporations	Street Address: 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

Prada & Associates, LLC

(Name of the Lin	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Florida document number	Liability Company were f	iled on <u>07/26/2024</u>	and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
20 11 20 12			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			202
Winning university BEATOST OFFICE	<u></u>		F 8 11
			1 (77
B. If amending the registered agent and/or		s on our records, <u>enter th</u>	e name of the new-regis
agent and/or the new registered office addr	ess here:		#
Name of New Registered Agent:	Ana F. Prada		. 항: 43
	13943 SW 44 St.		
New Registered Office Address:		Enter Florida street address	
	Davie	Flori	da <u>33330</u>
	Cir	, 1 70110 3'	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
			🗀 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
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			□ Change
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			🗆 Remove
			□ Changes

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If an cf <u>Note:</u>	five date, if other than the date of filing:
e reco	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 iled.
Dated	11/26/2024
	Signature of a member or authorized representative of a member
	Ronald Prada

......

Filing Fee: \$25.00