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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Name of Lim endment and fee(s) are sub nee concerning this matter				
nce concerning this matter	to the following:			
_		····		
MARCOS A CORTES	Name of Person			
MAKCO, A COKTLS	Name of Person			
	Firm/Company			
3226 STRATTON CIRCL				
	Address			
KISSIMMEE FL 34744	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
M.CORTES.5@HOTMAIL				
		ification)		
erning this matter, please ca	all:			
MARCOS A CORTES				
Name of Person		ne Telephone Number		
ollowing amount:				
□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>Street Address:</u> Registration Se	ection		
tion	Division of Corporations The Centre of Tallahassee			
	E-mail address: (erning this matter, please cannot be soon belowing amount:	ollowing amount: □ \$30.00 Filing Fee &		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000341594	were filed on 08/01/2024		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 Liabi	lity Company," the designation "L	J.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			ra Cy
Principal office address MUST BE A STREET ADDRESS)		ユー - <u>こ</u> に	
		25.7	_ !
Enter new mailing address, if applicable:		ASSEE	P F
Mailing address MAY BE A POST OFFICE BOX)		FLE	3: 09
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the nam	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ada	lress	
		Florida	<u> </u>
	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>	<u>Name</u>	Address	Type of Action
<u>P</u>	MARCOS A CORTES	3226 STRATTON CIRCLE KISSIMMEE FL 34744	_ ≣ Add
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HOD	President	Marcos	Cortos				
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specifies a	delayed effective date.	but not an effective ti	me, at 12:01 a.m.	on the earlier	of: (b)	The 90	th day afi
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AUGUST:	21	, 2024					
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	M-A: Signal	ure of a member or author	rived to resonative	of a member			