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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations				
	14932 SUN	NSET ST LLC				
SUBJECT:		Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The analogad	Articlus of	Amendment and fee(s) are sub	united for filing			
			_			
Please return	all correspo	ondence concerning this matter	to the following:			
		Bruno Maganza				
			Name of Person			
			Firm/Company			
		4887 SW 183rd Ave	, , , , , , , , , , , , , , , , , , , ,			
			Address			
		Miramar, Florida 33029				
		brumo∕ē softacontractors.co	City/State and Zip Code			
		E-mail address: (to be used for future annual report r	otification)		
For further in	formation c	oncerning this matter, please c	all:			
Bruno Magai	1723		561 706 6977			
	Name o	f Person		time Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi	iling 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)		
	ing Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
	. Box 632	•	The Centre of			
Tall	ahassee. I	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14932 SUNSET ST LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>124000353464</u> .	nny were filed on 08/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		20° 70° 11°
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and i as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
16.7	hanging Registered Agent, Signature of N	ew 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>	<u>Address</u>	Type of Action
MGR	Eduardo Jimenez	2255 Kent Drive, Largo Fl 33774	□Add
			≡ Remove
			□Change
MGR	Втипо Мадап/а	4887 SW 183rd Ave, Miramar Fl 33029	
			□Remove
			⊡Change
		·	□Add
			□Remove
			□Change
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ctive date, if other than the date of filing:		·*··	(or	tional)	D	
effective date is listed, the date must be specific and cannot be pr If the date inserted in this block does not meet the app	olicable stati					
ment's effective date on the Department of State's recor	ras.		•			
ord specifies a delayed effective date, but not an effective	e time, at 12	!:01 a.m. on tl	ne earlier of:	(b) The	90th day	y after ti
filed.						
September 6th 2024						
d	·					

Typed or printed name of signee