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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	Marne of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Isabel Pachero
	Maliayo Property, LLC Firm/Company
	520 Croaden & Harbor Dr.
-	Mey Biscayne, FL 33/49 City/State and Zip Code more pacheco a yahoo iom E-mail address: (to be used for future annual report notification)
For further information conc	perning this matter, please call:
ISabel Name of Pe	Pachero at 305 305 - 6798 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

· · · · · · · · · · · · · · · · · · ·	•
Maliayo Prope	erty, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 4 0 0 0378342</u>	were filed on $\frac{09/12/2029}{}$ 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	520 Harbor Dr.
(Principal office address MUST BE A STREET ADDRESS)	Key BISCAYNE, FL3514
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	SZO Halbul D(====================================
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 Title Name **Address Type of Action** MKR Andreu-Verna, Isabel 2333 Brickell Ave DAD Apt. 403 Remove Miami, FL 33129 Change MER OSCAL Alvarez 6400 NW 114Th Ave DAGO Dural, FL 33175 Change □Add _____ □Remove ☐ Change _____ □Add _____ □Remove □ Remove _ Change □Add Remove

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an offi Note:	tive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recond disfil	d 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 ed.
Dated .	october 29. 2024.
	Signature of a member or authorized representative of a member
	Isabel M. Pachero

Filing Fee: \$25.00