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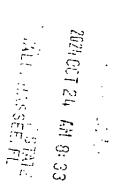
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: DO	na Blanco Name of Limite	2 LLC L24000 ed Liability Company	<u> </u>
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Du	Name of Person	
		Firm/Company	 .
	7745	SW 15th PL	
		City/State and Zip Code CYOSALES Odr-540 be used for future annual report notification	oku.com
For further information con-	cerning this matter, please cal		
Dunia Rane of Pa		at (<u>786</u>) 608-5	2381 ephone Number
Enclosed is a check for the t	following amount:		
€X \$25,00 Filing 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)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Section Division of Corpora The Centre of Talla	ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

1)ona 13 lan	ea 110	
(Name of the Limited Liability Comp. (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number <u>12900420902</u>	were filed on _	9/26/2024 and assigned A. A. SSEE FILE
This amendment is submitted to amend the following:		Mande SSEE. Fire
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7745	SW 15Th PC
(Principal office address MUST BE A STREET ADDRESS)	0e	SW 15Th PC cala, FC, 34474
Enter new mailing address, if applicable:	774	5 SW 15Th PC FC, 34474
(Mailing address MAY BE A POST OFFICE BOX)	<u>Oeola</u>	, rc, 34474
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the name of the new regis</u>
Name a CN Day latered A		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Flo	orida street address
	Enter Flo	orida street address Florida Zip Code

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>	<u>Name</u>	Address	Type of Action
16R	Dunia Rosdes	7745 SW 15Th PL	;X: Add
		Ocala, FL, 34474	□Remove
			□Change
46R	Rieardo Roscles	7745 sw 15h PZ	j\$rAdd
		Ocala FL 34474	□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
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an effect ote: If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10/17/2024 18:20
	/ /! // /
	Signature of a member of athorized representative of a member Dunia 705023 Typed or printed name of signee