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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3133 Developers LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nohra Pelae 2 Name of Person
3133 Developers 1 LC
3055 Capport la
Manne, Tla 33133 City/State and Zip Code
E-mail address: (to be used for future handal report notification)
For further information concerning this matter, please call:
16ha Pelaez at 786, 2951088
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \bigsquare \text{\$25.00 Filing Fee & Certificate of Status}\$\$ \bigsquare \text{\$Certified Copy (additional copy is enclosed)}\$\$ \bigsquare \text{\$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 OF

	OF	FILED
3133 Schologo (Name of the Limited L.)	ability Company as it now appears of forda Limited Liability Company)	2024 OCT 15 PM 4: 16
The Articles of Organization for this Limited Liabil Florida document number <u>L2400042</u>		1. 02/24 and assigned IDA
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the 3133 Develop. The new name must be distinguishable and contain the words	ecs LLC	
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı street address
_	City	, Florida
	Ciţv	zip Cour

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Change
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ffective date, if other than effective date is listed, the lote: If the date inserted in ocument's effective date of	date must be specific and in this block does not a	d cannot be prior to da meet the applicable	te of fring or more that	(option 190 days after fil frements, this d	ing.) Purs	uant to 605.02 not be listed :	07 i as t
record specifies a delayed l is filed.	effective date, but no	t an effective time, a	at 12:01 a.m. on the	earlier of: (b)	The 90t	h day after th	e
act 1	0	2024					
ated OC · · ·	Signature of a	member or authorized	representative of a m	ember			

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