## L24000467757

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (188,033)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| <b>(</b> ,                              |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

TALLAHASSET

MIN

## **COVER LETTER**

TO:

7

Tallahassee, FL 32314

Registration Section

| Division of Co.  | rporations                                      |   |   |   |            |
|--|---|---|---|---|------------|
| JUDI'S LL  | С   |   |   |   |            |
| SUBJECT:   | Name of Lin                                     | nited Lizbility Company   |   |   |            |
|  |   |   |   |   |            |
| The enclosed Articles of                                 | Amendment and fee(s) are sul                    | omitted for filing.   |   |   |            |
| Please return all correspo                               | ondence concerning this matter                  | to the following:   |   |   |            |
|  | JUAN DIEGO PEREZ RO                             | DDRIGUEZ  |   |   |            |
|  |   | Name of Person  | <del>-</del>                                  | 40  |            |
|  |   |   |   | 2024<br>SECF<br>TAI   |            |
|  | <del> </del>                                    | Firm/Company  | ··-·  | NOV<br>KETA   |            |
|  | 2215 GREEN BACK CIR                             | CLE APT 104   |   | I3 I  |            |
|  | <del></del>                                     | Address   |   |   | ]<br>- [** |
|  | NAPLES, FL 34112                                |   |   | 2024 NOV 13 PM 7: 22<br>SECRETARY OF STATE<br>TALLAHASSEE, FL | i,         |
|  |   | City/State and Zip Code   |   | ω .   |            |
|  | JUND13377@GMAIL.COM                             | •   |   |   |            |
|  | E-mail address: (                               | to be used for future annual report notifi                        | cation)                                       |   |            |
| For further information c                                | oncerning this matter, please c                 | all:  |   |   |            |
| JUAN DIEGO PEREZ R                                       | ODRIGUEZ  | 239 234-8288<br>at ( )  |   |   |            |
| Name o   | f Person  |   | Telephone Number                              | <del></del> -   |            |
| Enclosed is a check for the                              | ne following amount:                            |   |   |   |            |
| ■ \$25.00 Filing Fee                                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Certificate of Certified Cop | Status &  |            |
| Mailing Addres Registration S Division of C P.O. Box 632 | Section<br>orporations                          | Street Address: Registration Sect Division of Corp                | orations                                      | is enclosed)  |            |
| 1.0. DOX 032   | 1   | The Centre of Ta  | Hanassee                                      |   |            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite  | ed Liability Company as it now appears on our (A Florida Limited Liability Company) | records.)                            |
|--|---|--------------------------------------|
| The Articles of Organization for this Limited Liability Company were filed on 11/04/2024  Florida document number L24000467757 |   | and assigned                         |
| This amendment is submitted to amend the follow  | owing:  |                                      |
| A. If amending name, enter the new name of   | the limited liability company here:   | 2024 NOV<br>SECRE<br>TALL            |
| The new name must be distinguishable and contain the we  | ords "Limited Liability Company," the designation                                   | "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applica  | able:   | 3 R<br>1ASS                          |
| (Principal office address MUST BE A STREE)   | T ADDRESS)  | DF STATE                             |
| Enter new mailing address, if applicable:  |   |                                      |
| (Mailing address MAY BE A POST OFFICE E  | <u></u>   |                                      |
| B. If amending the registered agent and/or reagent and/or the new registered office address                                    | egistered office address on our records, <u>s</u><br>s <u>here</u> :                | enter the name of the new registered |
| Name of New Registered Agent:  | JUAN DIEGO PEREZ RODRIGUEZ  |                                      |
| New Registered Office Address:   | Enter Florida street d  | address                              |
|  |   | _, Florida                           |
|  | City  | Zip Code                             |

New Registered Agent's Signature, if changing Registered Agent:

JUDI'S LLC

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             |
|--------------------------------|-------------|--------------------------------|----------------------------|
| AMBR JUAN DIEGO PEREZ RODRIGUI |             | 2215 GREEN BACK CIRCLE APT 104 | □Add                       |
|                                |             | NAPLES, FL 34112               | □Remove                    |
|                                |             |                                |                            |
|                                |             |                                | SECRETA NO.                |
|                                |             |                                | 13 Per 7: 22<br>HASSEE, FL |
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| Fective date, if other than the date of filing:  11   U   O O U (optional)  12   If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.  11   O T   O O U (optional)  12   If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.   |                           | UAN DIEGO PEREZ   |                 |                     |        |
|---|---------------------------|---|-----------------|---------------------|--------|
| Fective date, if other than the date of filing:  1  | T                         | O:  |                 |                     |        |
| Fective date, if other than the date of filing:    1  | J                         | UAN DIEGO PEREZ RODRIGUEZ   |                 |                     |        |
| Fective date, if other than the date of filing:    1  |                           |   |                 |                     |        |
| Fective date, if other than the date of filing:    1  | _                         |   |                 |                     |        |
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| Fective date, if other than the date of filing:   | _                         |   |                 | VON.                | _      |
| Fective date, if other than the date of filing:   | _                         |   | HAS             | $\overline{\omega}$ | í<br>i |
| fective date, if other than the date of filing:  11 4 004 (optional) In effective 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 (3) In effective 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 (3) In effective date in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.  The effective date on the Department of State are current at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  The effective date of filing:  11 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                           |   |                 |                     | į      |
| fective date, if other than the date of filing:  11   U   D O D U (optional)  In effective 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 (3)(  If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.  Excord 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 is filed.  | _                         |   | E STA           |                     | •      |
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| ated $\frac{17/07}{110000000000000000000000000000000000$  |                           |   |                 | <b>ል</b> ፍ ስጋበ7     | ß      |
| Signature of a member or authorized representative of a member  | an effec<br><u>ote:</u> I | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will i  | not be li       | sted as             | the    |
| Signature of a member or authorized representative of a member  | n effective: I curner     | the date inserted in this block does not meet the applicable statutory filing requirements, this date will and seffective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d. | not be li       | sted as             | the    |
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Filing Fee: \$25.00