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(Address)	
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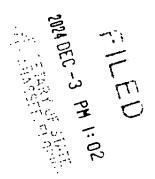
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LLC N/C Amens



A. RAMSEY
JAN 14 2995

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co		·	
CARLES FER CALET	Management LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and feets) are sub	mitted for tiling.	
	ondence concerning this matter		
	Nancy Liu		
		Name of Person	<u> </u>
	FFF 3102 Management LI	.C	
		Firm/Company	
	4006 W Neptune St		
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	info@lausconsult.com		
		to be used for future annual report i	notification)
For further information	concerning this matter, please co	all:	
Nancy Liu		321 287-3184	
Name	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
☐ \$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 Addre		Street Address	
Registration Section		Registration	
P.O. Box 63	Corporations 27	Division of C The Centre o	orporations f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2024 DEC -3 PM 1: 02

FFF 2788 Management LLC

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

The Articles of Organization for this Limited Liability Co	mpany were filed or	November 19, 2024	and assigned
Florida document number 1.24000487826	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability compan	<u>v here</u> :	
FFF 3102 Management LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on o	ir records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		· • • • • • • • • • • • • • • • • • • •	
New Registered Office Address:			
New Negistered Office Address.	Enter	Florida street address	
		Florida _	
	City	 _	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for	e of my duties, and I an in Chapter 605, F.S. O	n familiar with and r. if this document is

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
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		****	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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	.		
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta	(optional) If filing or more than 90 days after filing.) P tutory filing requirements, this date wi	ursuant to 605.0207 (3)
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at !	2:01 a.m. on the earlier of: (b) The S	00th day after the
Dated November 26	2024	- /	1
Dateu		Many In	,
	Signature of a member or authorized re	presentative of a member /	

Filing Fee: \$25.00

Typed or printed name of signee