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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellino Officer
Special Instructions to Filing Officer:
<u> </u>





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COVER LETTER

	tration Section ion of Corporati	ons			-	
SUBJECT:	<u>Trpar</u>	Name of I	Pre C Limited Li	ability Company	, Winds	DJI Eluc
The enclosed A	Articles of Amen	dment and fee(s) are	submitted	for filing.		
Please return a	II correspondenc	e concerning this mat	ter to the	following:		
		Ferrar	90	Pache Name of Person		
	_	Joban C	<u>))</u>	Firm/Company	Sion U	Dirdows LLC
	7	34 Ma	500	Address Address		
		Hoppka				
	\mathcal{I}	E-mail address	Sis: (to be t	sed for future a	nnual report notific	cation)
For further info	ormation concerr	ing this matter, pleas	se call:			
Frina	Name of Perso	checo		at (<u>] </u>) <u>545-3</u> Daytime	Telephone Number
Enclosed is a c	heck for the follo	owing amount:				
Ū∕\$25.00 Fil	ing Fee 🗀	\$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Certified Cop (additional copy	рy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis	ng Address: stration Sectionsion of Corpor Box 6327			Reg Div	eet Address: gistration Sect vision of Corp to Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Ob 102/2025 and assigned Florida document number L 25 000 25 1710 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Fernando Pachero Name of New Registered Agent: New Registered Office Address: Apopka Florida 32703
Zip Code

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.

Throng Tolling Of New Registered Agent

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>	Name	Address	Type of Action
MGR	Fernando Pacheco	834 Mason Ave	
		Apopka FC. 32703	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Chop.ro

(If an e Note:	tive date, if other than the date of filing: 124 25 (optional) fective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	7/24 2025
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00