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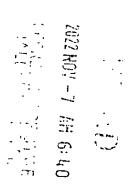
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· COVER LETTER

(C): Registration Sec Division of Corp		4	
	orde Mechanic, LLC	•	
CBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of F	Amendment and fee(s) are subm	nitted for filing.	
lease return all correspor	idence concerning this matter to	the following:	
	Eduardo R. Daprile		
		Name of Person	
	Eduardo Daprile Mechanic		
		Firm/Company	
	4007 Green Sabal Dr		
		Address	
	Orlando , Fl. 32824		
	marialejandraoe@hotmail.ec	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifi-	cation)
For further information o	oncerning this matter, please ca	ill:	
Eduardo R. Daprile		407 985-9997 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
linelosed is a check for the	ne following amount:		
Z \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & 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

Eduardo Daprile Mechanic, 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 Company were filed on $\frac{\text{June }20,2022}{\text{Line}}$ and assigned Florida document number L22000278620 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 "LLC." 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: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Alejandra Odreman	4007 Green Sabal Dr	≣ Add
		Orlando,F1. 32824	□Remove
			□Add
			Remove
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		10/24/2023			
ective date, if other the effective date is listed, the	an the date of f	iling:		(optional) than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in cument's effective date of	i this block does i	not meet the applic	able statutory filing r	equirements, this date	will not be listed a
cord specifies a delayed	effective date, but	t not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
s filed.					
Octuber 24		2022			
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Typed or printed name of signee