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(Requestor's	s Name)
(Address)	
(**************************************	
(Address)	
(City/State/Z	Zip/Phone #)
/= · /· - · ·	
PICK-UP	WAIT MAIL
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(Document	Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	FRIEND	ESTATES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	1	LUCAS OCHOA	
		Name of Person	
	4.4	RIEND ESTATES, LLC	
		Firm/Company	
	93	3 HARBOR INN DR	
		Address	····
	1	CORAL SPRINGS FL 33071	I
		City/State and Zip Code	
		OCHOAGI@GMAIL.COM	
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual repo	ort notification)
	•		533U3V1
	AS OCHOA	at ()	5239281 Daytime Telephone Number
Name o	f Person	Area Code - I	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	LI \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		<u>Street Addr</u> Registratio	
Division of C	Corporations	Division o	f Corporations
P.O. Box 632			e of Tallahassee Ionroe Street, Suite 810
Tallahassee,	rt 52514	2415 N. N	tomoc Succt, Suite 910

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC		MENDMENT		
ARTIC	TO LES OF OF OF	RGANIZATIO	.N	2025 FILE D PM 12: 04
				PH/2
	ESTATES, LLC		ur rocarde)	
(A	Florida Limited Lia	cas it now appears on o ability Company)	<u>, (1 1 ((() () () () () () () (</u>	1770g
The Articles of Organization for this Limited Liab Florida document number	ility Company w	ere filed on01-	-08-2025	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designa	ition "LLC" or th	ae abbreviation "L.L.C."
Enter new principal offices address, if applicabl	la.	N/A		
Principal office address MUST BE A STREET A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address b	istered office ad	N/A	ls, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
New Registered Office Address.		Enter Florida su	reet address	
			, Florida	1
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete p rred agent as pr gistered office a	erformance of my a covided for in Chapt	luties, and Le ter 605, F.S.	ım familiar with and Or, if this document is
	If Chang	ing Registered Agent, S	ignature of Nev	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
AMGR	MARIA FERNANDA RUIZ	933 HARBOR INN DR	≡ Add
		CORAL SPRINGS, FL 33071	
		□Change	
		□Add	
		□Remove	
			□Change
		FlAdd	
		□Remove	
			[]Change
		🗆 Add	
		ElRemove	
			Change
		□Add	
		[]Remove	
			(T)Change
		□Add	
			□Remove

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Note: 1f	e date, if other than the date of filing: (optional) (ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record ord is filed	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 l.
Dated _	02-06-2025
	Signature of a member or authorized representative of a member
	Lucus Ochoca Typed or printed name of signee

Filing Fee: \$25.00