## L09000028441

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prin72CSa, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosa Mayra Riguero Name of Person
Prinzzesa LLC Firm/Company
4740 SW 72 Ave
Miam FL 33155  City/State and Zip Code
The state of the s
For further information concerning this matter, please call:
Name of Person Gut Name at (186) 218-4800 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prinzes Name of the Limited Liability C	a LLC Company as it now appears on	ALL ARE STORY	n angele
(A Florida Lin The Articles of Organization for this Limited Liability Cor Florida document number 4090002844	mited Liability Company)	ch 23, 200 and assigned	g water
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbrev	iation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ecords, enter the name of the	new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		<u></u>
New Registered Office Address:	Enter F	lorida street address	_
<del></del>	City	, Florida 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 [6]. 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
IBRM	Rosa M Riguero	12904 SW 107 CT Miami, FL 33176	Add Remove
			Add Remove
<del></del>			Add Remove
			Addition 2
P			2 H Add Remove 2
·	<del></del>		Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
Dated <u>A</u>	igust 26, 21	214.	
	Rosa Ma	er of authorized representative of a member	

Filing Fee: \$25.00