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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALC CONSULTING SERVICES INC

Account Number : I20200000139 Phone : (407)801-1529 Fax Number : (407)386-6503

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MARYAM0316@HOTMAIL.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINITEX LLC

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From: LORENA RIOS

#### **COVER LETTER**

|             | egistration Se<br>vision of Cor |   |   |   |
|-------------|---------------------------------|---|---|---|
| SUBJEC"     | FINITEX L                       | LC  |   | •   |
| 3013201     | •                               | Name of Lim                                     | ited Liability Company  | <del></del>   |
| The enclose | ed Articles of .                | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please retu | n all correspo                  | ndence concerning this matter                   | to the following:   |   |
|             |                                 | LORENA C ARCAYA CI                              | RISTALINO   |   |
|             |                                 | •   | Name of Person  |   |
|             |                                 | ALC CONSULTING SER                              | VICES INC % ALC TAX &   | ACCOUNTING  |
|             |                                 |   | Firm/Company  | -   |
|             |                                 | 520 NORTH SEMORAN                               | BLVD STE 255  |   |
|             |                                 |   | Address   |   |
|             |                                 | ORLANDO, FL 32807                               |   |   |
|             |                                 |   | City/State and Zip Code   |   |
|             |                                 | MARYAM0316@HOTMA                                |   |   |
|             |                                 | E-mail address: (                               | to be used for future annual repo                               | rt notification)  |
| For further | information co                  | oncerning this matter, please ca                | all:  |   |
| LORENA      | C ARCAYA (                      | CRISTALINO                                      | 407 801-15  | 29  |
|             | Name of                         | Person  |   | laytime Telephone Number  |
| Enclosed is | a check for th                  | e following amount:                             |   |   |
| ■ \$25.00   | Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 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**

| ( | ((H25000268028 <b>P</b> )))LED |
|---|--------------------------------|
| † | <sup>2025</sup> JU 2 ,         |
|   | IALLAHASSEE FLORIO             |
|   | - SEE FLORID                   |

FINITEX LLC

| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | ny as it now appears on our<br>Liability Company) | records.)                            |  |  |
|--|---|--------------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000007752</u> .                                      | were filed on JANUARY                             | 77TH, 2019 and assigned              |  |  |
| This amendment is submitted to amend the following:  |   |                                      |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:                               |                                      |  |  |
| SUN AND LIFE NURSERY LLC   |   |                                      |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designatio                     | "LLC" or the abbreviation "L.L.C."   |  |  |
| Enter new principal offices address, if applicable:  | 19616 E. 13TH ST                                  |                                      |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | UMATILLA, FL 32784                                |                                      |  |  |
| Enter new mailing address, if applicable:  | 19616 E. 13TH ST                                  |                                      |  |  |
| (Mailing address MAY BE A POST OFFICE BON)   | UMATILLA, FL 32784                                |                                      |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records,                           | enter the name of the new registered |  |  |
| 30414 E 1200   | C.I.  |                                      |  |  |
| New Registered Office Address: 19616 E. 13111  | Enter Florida street address                      |                                      |  |  |
| UMATILLA   |   |                                      |  |  |
| GHATILLA   | City  | , Florida <u>32784</u>               |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | •   | ·                                    |  |  |

#### N

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.

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: (((H25000268028 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> .       | Address             | Type of Action  |
|--------------|---------------------|---------------------|---|
| Manager      | MARIA E HUESO RUEDA | P.O. BOX 420116     | □Add  |
|              |                     | KISSIMMEE, FL 34742 | ■Remove   |
|              |                     |                     | ☐ Change  |
| Manager      | MARIA E HUESO RUEDA | 19616 E. 13TH ST    | ■Add  |
|              |                     | UMATILLA. FI. 32784 | Remove  |
|              |                     |                     | ☐ Change  |
|              | <del></del>         |                     | F.C. S. T.  |
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