L21000379548

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





600376347426

11/12/21--01008--020 **25.00

71 K 74 P Fit 3: 25

T. MATTHEWS NOV 2 9 2021

COVER LETTER

LINAR	T'S LLC		•
	Name of Lim	ited Liability Company	
rticles of A	Amendment and fee(s) are sub	mitted for filing.	
correspoi	ndence concerning this matter	to the following:	
		Alina Bodil Cabello Rager	
		Name of Person	
		Firm/Company	
	146	64 NE White Pine Terrace	
		Address	
	Jo	ensen Beach, FL 34957	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
mation co	oncerning this matter, please c	all:	
lla Garn	nendia, Esq.	or (305)	298-2174
		Area Code Days	time Telephone Number
eck for th	e following amount:		
ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	
		Division of Corporations	
		The Centre of	f Tallahassee roe Street, Suite 810
	mation correspondence for the garage and factor of Correspondence	E-mail address: (mation concerning this matter, please colla Garmendia, Esq. Name of Person eck for the following amount: ng Fee \$30.00 Filing Fee &	Name of Corporations LINART'S, LLC Name of Limited Liability Company tricles of Amendment and fee(s) are submitted for fitting. correspondence concerning this matter to the following: Alina Bodil Cabello Rager Name of Person Firm/Company 1464 NE White Pine Terrace Address Jensen Beach, FL 34957 City/State and Zip Code E-mail address: (to be used for future annual report normation concerning this matter, please call: Illa Garmendia, Esq. Name of Person at (305) Area Code Days eck for the following amount: Ing Fee Sound Filing Fee & Certified Copy (additional copy is enclosed) g Address: tration Section on of Corporations On Of Corporations Division of Corporations On Gays The Centre of Control of Corporations On Sox 6327 The Centre of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALINART'S, LLC 21	KCV 12 PN 3: 25)
(Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L		8/24/2021	and assigned
Florida document numberL2100037954	<u>48</u> .		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company her	<u>.</u> e:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
		<u></u>	
B. If amending the registered agent and/or i agent and/or the new registered office addre	4 -	cords, <u>enter the nam</u>	e of the new register
agent and/or the new registered office addre	ss ucre.		
Name of New Registered Agent:	Alina Bodil Cabello Rager		
New Registered Office Address:	1464 NE White Pine Terrace		
	Enter Flori	la street address	
	Jensen Beach	, Florida	34957 Zip Code
	City		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.

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>	<u>Name</u>	<u>Address</u> 21 10.77 12	pp 3: 25 Type of Action
MGR	Alina Bodil Cabello Rager	1464 NE White Pine Terrace	
		Jensen Beach, FL 34957	□ Remove
			□Add
			□ Remove
			Change
			
			□Remove
			□ Change
			□Add
			□Remove
			i□Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change

reflect her name as it appears on her Driver's License.	2110 12 Fit 3: 25
The change is from Alina Cabello to Alina Bodil Cabello Rago	2т.
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory filing	more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m filed.	i. on the earlier of: (b) I he 90th day after t
d November 5 2021.	
Signature of a member or authorized representative	ve of a member