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COVER LETTÉR

Registration Section Division of Corporations enclosed Articles of Amendment and feets) are submitted for filing. se return all correspondence concerning this matter to the following: Firm/Company turther information concerning this matter, please call: Daytime Telephone Number ised is a check for the following amount S60.00 Filing Fee, □ \$55.00 Filing Fee & 525 00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Articles of Organization for this Limited Liability Company were filed on _ 23000/64/37 da document number \ amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: . w name must be distinguishable and contain the words "I imited Liabrity Company," the designation "LLC" or the abbreviation "L.L.C." or new principal offices address, if applicable: Uncipal office address MUST BE A STREET ADDRESS) or new mailing address, if applicable: , iling address MAY BE A POST OFFICE BOX) I amending the registered agent and/or registered office address on our records, enter the name of the new registered is and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address Cw

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and p) the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g tiled to merely reflect a change in the registered office address. I hereby confirm that the limited liability , any has been notified in writing of this change.

. mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added emoved from our records:

.R = Manager

.BR = Authorized Member

3	<u>Name</u>	Address	Type of Action
MGR	Yasmin Radiguez	910 Lazio Circle	□Add
		Debany FL 32713	∑ Remove
			□Change
MG6	Alebandro Quico	890 Lazio Circle	∑ i Add
		Debary FL 32713	□Remove
			□ Change
			□ Add Remove
			Change :
			□Add
			□Remove
			□Change
			□Add
			□Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the socument's effective date on the Department of State's records. record 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 e is filed. Signature of a member or authorized representative of a member Alesandro Oiro
Typed or printed name of signee