L24000196006

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	umik	





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COVER LETTER

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Registration Section

TO:

Div	ision of Cor	porations		
eud iczw.		eaning Services IIc		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Enrique Eduartes Gomez		
			Name of Person	
			Firm/Company	
		1121 sw 123rd ave		
			Address	
		Pembroke Pines / FL/3302	5	
			City/State and Zip Code	
		ENRIQUEEDUARTES07@	#GMAILCOM to be used for future annual report no	different and
For further in	nformation c	oncerning this matter, please c	·	(incation)
ENRIQUE I	EDUARTES	GOMEZ	786 6439376	
	Name o	l'Person	at () Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration S	ection
Div	rision of C	orporations	Division of Co	orporations
), Box 632 Ilahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 124000196006	04/26/2024 and assigned
Florida document number ———.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan-	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	22
	-
B. If amending the registered agent and/or registered office address on or	ir records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
	. 6
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	Florida
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 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>	Address	Type of Action
MGR	ENRIQUE EDUARTES GOMEZ	1121 SW 123RD AVE PEMBROKE PINES FL 3302	25 ≣ Add
			_ □Remove
			□Change
			□Add
			_ □Remove
			_ □Change
			□Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
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			□Change
			_ □Add
			_ □Remove
			_ □Change

Effective date, if other than the date of filing: (aptional) (ap		ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	-	
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Social occument's effective date on the Department of State's records. The 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 distributed. Signature of a member or authorize representative of a member.	_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records. The 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 d is filed. Dated O7/22/2024 Signature of a member or authorize representative of a member	-	
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Oated O7/22/2024 Signature of a member or authorized representative of a member	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or authorized representative of a member		
	ated	07/22/2024
ENRIQUE EDUARTES GOMEZ		Signature of a member or authorized representative of a member