## L24000227485

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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6/25/24 KX

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	1804 Loc	ilstics.1(c	
SUBJECT.	Name of Limi	ned Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u> </u>	Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	348 Nu	and Ave	
		Address	
	_ FLOVICK	City/State and Zip Code	34
	180 A Wai24	CX \ C C   C C   C C   C C C C C C C C C C	Com lication)
For further information co	ncerning this matter, please ca	all:	
Julio Cur Name of	Person	at (S5) Area Code Daytime	- 338  Telephone Number
Enclosed is a check for the	following amount:		~ \
1825.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Se		Registration Sec	
Division of Co P.O. Box 6327		Division of Cor The Centre of T	
Tallahassee, Fl			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1004	10913	tics/1(c	
(Name of the Limited L (A F	iability Compar lorida Limited L	ny as it now appears on our records.) lability Company)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number			and assigned
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	e limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>::</b>	348 Nw 2nd	AVL
(Principal office address MUST BE A STREET A	DDRESS)	trorida (IN, 7	2 33054
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>V)</u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our records, <u>enter the na</u>	nme of the new registered
Name of New Registered Agent:	Julia	> Cyrius	
New Registered Office Address:	348	NW 200 AVI	
_	FK	SICIA CITY, Florida	33034 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 Type of Action Title Name Address P. JULIO CULTUS BURNU BOLATE DATE

Florida City, T 33034 Remove \_\_\_\_\_ □Remove \_\_\_\_ Change \_\_ 🗀 Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Remove

□Remove

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	<del></del>
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fective date, if other than the date of filing: (option n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	al)
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this dement's effective date on the Department of State's records.	
cument's effective date on the Department of State's records.	
ecord 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
is filed.	:
ned 05/30/2024	: :
ated	1.,
// // // /	•
	<u> </u>
Signature of a member or authorized representative of a member	•