## L25000091258

(Requestor's Name)
(Address)
(12,000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>_</del>
(Business Entity Name)
(Document Number)
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Office Use Only



200454488992

08/01/25--01025--008 \*\*30.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	iled on 02/24/2025 and assigned
Florida document number L25000091258	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	그 말을 뭐
(Principal office address MUST BE A STREET ADDRESS)	~ 현 전 ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(1) ();
B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new reg
agent and/or the new registered office address here:	on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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 Ag	ent Sionature of Ne	w 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>	Address	Type of Action
AMBR	HERNAN DAVID PORTELA	2460 NW 179TH STMIAMI GARDENS, FL 33056	<b>=</b> Add
		<del></del>	□Remove
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			Change

		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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