## L14000165156

(Re	questor's Name)	
bA)	dress)	
	d	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.)	sings Entity Nam	20)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
r		
Special Instructions to	Filing Officer:	
	<del></del>	

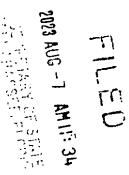




100413516681

LLC Amend

08/07/23--01041--018 \*\*35.00



A. RAMSEY AUG 24 2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	IMALU NO Name of Lim	2 LLC ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Luis Educ	Name of Person	<u>-                                      </u>
	32T NW	Firm/Company  74th was j  Address	
		tuile 33317 City/State and Zip Code	
-	E-mail address: (1	0 be used for future annual report noti	fication)
For further information conc	cerning this matter, please ca	ill:	
Lus Edurdo Name of Pe	topez lópez	at ( <u>954)</u> 336 7 Area Code Daytim	38 VO e Telephone Number
Enclosed is a check for the f	ollowing amount:		
☐ \$25.00 Filing Fee	S30.00 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)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL	porations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF OF ANDREAD AND TO AMERICAN AMERIC

(Name of the Limite	NO Z ed Liability Compar A Florida Limited L	uy as it now appear iability Company)	s on our records.)	STATE.
The Articles of Organization for this Limited Lis	ability Company		Ī.	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the de	signation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	T ADDRESS)			<del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>8<i>0X)</i></u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a s here:	ddress on our re	cords, <u>enter the</u> name	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Flori	da 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	Lis Educado lópez	325 NW 74th way	□Add
		Mentation + lands: 333A	□Remove
			🗹 Change
MUR	Gorgin Rios de Lépez	325 NW 74th way	□Add
		Pkntaton Floria 33317	□Remove
			IdĆhange
MAR	Maritza López	325 NW 3414 way	ZAdd
		Plantation Florida 33377	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			🗆 Add
			□Remove
			[]Change

	<u> </u>
Note: If t	date, if other than the date of filing:
ord is filed.	
Dated	Acquist 02. 2023.
	11CCC19
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Dur D car on