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(City	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	e)		
(Doc	ument Number)			
Certified Copies	Certificates of Status			
Special Instructions to F	iting Officer:			
	J DEMINIS	_ ;		
	FEB - 7 .24	_		

Office Use Only



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> HILEU 1024 JAN 31 PM 12: 0 1 SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Name of Foreign Limited Liability Company
Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
Mo Bursino Sourciones MC
Firm/Company
5134 Unisezzur Lue
Address
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
2 Eyou Wayner at (214) 476 5120
Name of Person Area Code & Daytime Telephone Number
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:
□\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
CR2E055 (9/15) Certified Copy

2

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear		-	
State: Nie Paul Dino	200000000	s, uc	
Enter new principal office address, if applicable:	51341	Jange 2811	T. AUE
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Dave:	> -× -185	06
Enter new mailing address, if applicable:	5134 V	Notes	<u> </u>
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Denv	> TX 79	5206
			2021 2021
2. The Florida document number of this limited lia	ability company is: _\vert	N1800000	१८वर्ष
3. Jurisdiction of its organization:	CASS		31 P
4. Date authorized to do business in Florida:			11.5: 12: SIN
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (must	t contain "Limited Lia	bility Company, ""L.I	C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adop	nsacting business in Flo ting the alternate name.	orida and attach a The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on c ddress here:	our records, enter the na	me of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Ent	er Florida Street Addre	uss.
	City	, Florida	Zip Code
	•		Zip Coae
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change this liability company has been notified in writing of the	nt and agree to act in t and complete perform ered agent as provided in the registered office	ance of my duties, and I for in Chapter 605, F	Ī am familiar with S. Or. if this

Title/ Capacity	<u>Name</u>	Address	Type of Act
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82 <u>V</u>	cx y Nayor	> 2134 Numbers	BICT DAd
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<u>z</u> - 2	syon Wayne	2 5134 UNDER	□Ad
		PALASTX	75206 Joken
			□Ad
			Ren
<u></u>			□Ad
aforementioned ame	e law of which this entity is orga	y the official having custody of record	□Ren

Filing Fee: \$25.00