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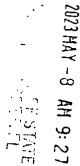
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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew B. Gold, Esq.		
		Name of Person	
	Gold Mediation		
		Firm/Company	
	10101 W. Sample Road, S	uite 444	
		Address	
	Coral Springs, Florida 330	65	
		City/State and Zip Code	
_	mgold@gold-mediation.cor	n	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Matthew B. Gold, Esq.		954 857-1212	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 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 Section		Street Address: Registration S	
Division of Corporations		Division of C	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mon	l'Tallahassee roe Street, Suite 810
rananassee, i	1 た ジェントコ	Z415 IN. IVIOII Tallabaccoo I	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Los Arcos L.L.C.		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our r ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{1.01000009296}{1.0000009296}$.	my were filed on June 11, 200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		73
Enter new mailing address, if applicable:		&
(Mailing address MAY BE A POST OFFICE BOX)		10 pp [1]
Studing duaress SIAT DE ATOST OFFICE BOXE		AH 9: 27
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>c</u>	enter the name of the new registero
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uddress
		_, Florida
N. D. C. L. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my dutions in the second section is provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>le</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
AMBR	Tammy Gold	8925 Parkland Bay Dr., Parkland, Fl. 33076	\ Add
			□Remove
			□Change
AMBR	Tally Oz	12143 Watermark Way, Parkland, FL 33076	■Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change

<u> </u>	
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Note: If the date inserted	than the date of filing:
the record specifies a delayocord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 21	2023
	Signature of a member or authorized representative of a member
Sam Oz	
	Typed or printed name of signee