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08/14/24--01004--007 **25.00

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: 80	Haleah D Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Nancte	Name of Person	<u> </u>
		Firm/Company	
	2114 Grance	la Blvd Address	
	Coral Gab	Us fr 53/34 City/State and Zip Code	
	Nontime	g Q g Mail . Com o be used for future annual report not	fication)
For further information of	concerning this matter, please ca	11:	
Nonette	Leus	at (305) (305) 2	199745
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reclability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number 10700/14455	were filed on 11 13	12007	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			24:
(Principal office address MUST BE A STREET ADDRESS)		. •	(<u>-</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	dress	
·-		Florida	7: 7: 1
Now Posintoured Agent's Signature if shounding Posintoured Agents.	Ciţv		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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Manette Levi	2114 Granada Blvd	MAdd
		2114 Granada, Blvd Coral Gables, Fr 33134	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
V.			□ Change
			□Remove
			□Change
			☐ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

, u am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	ive date, if other than the date of filing:
The reco	rd 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 led.
Dated	August 7 2024
	Signature of a member or authorized representative of a member
	Raimundo lopez luna luji Typed or printed name of signee