## L09000011195

(Requestor's Name)
(Address)
(Addiese)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300436975123

09/24/24--01033--022 \*\*25.00

2024 SEP 24 PM 1: 10 SECRETABLY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ORLANDO M SALDIVIA		
		Name of Person	
	TAPARO COMPANY		
	Firm/Company  1600 PONCE DE LEON BLVD 10TH FLOOR SUITE 1009  Address  CORAL GABLES, FL 33134  City/State and Zip Code osaldivia@gmail.com  E-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:  1. SALDIVIA  Name of Person  Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  The Address:  Street Address:  Street Address:  Street Address:  Street Address:  Street Address:  Registration Section  Division of Corporations		
	1600 PONCE DE LEON I	BLVD 10TH FLOOR SUITE 1009	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	_		
	E-mail address: (	to be used for future annual report noti	ification)
For further information	concerning this matter, please ca	all:	
ORLANDO M. SALDI	IVIA	at (	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of ( P.O. Box 63	Section Corporations 27	Registration Se Division of Co The Centre of T	rporations Fallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC	ORAL 137 LLC		
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on o <u>ur records.</u> )	<del></del>
The Articles of Organization for this Limited Liab lorida document number 1.08000011195		01/31/2008	and assigned
his amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company ho	ere:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	DX)		<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, enter the na	ime of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rıda street address	
		Florida	
	City	, r 1011 <b>u</b> a _	Zin 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	LUISA A PENALVER	1600 PONCE DE LEON BLVD 10TH FLOOR	<b>=</b> Add
		SUITE 1009, CORAL GABLES FL. 33134	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			⊡Remove
			□ Change
			🗆 Add
			🗀 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			·-	
		<u>-</u>		
<del>-</del>				
			·	
				<u>.</u>
· · · · · ·				<del></del>
	<u> </u>			
		<u> </u>		
		<u> </u>		
			-	
neffective date is listed, the detection that the detection in the detecti	an the date of filing: late must be specific and cannot be pi this block does not meet the app the Department of State's recor	dicable statutory filing re	(optional) than 90 days after filing.) F equirements, this date w	Pursuant to 605.020 ill not be listed as
cord specifies a delayed of sfiled.	effective date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
September, 16 ed	2024	·		
	Signature of a member or a	ithorized representative of	a member	
	ORLANDO M SALDI	VIA /l'APARO COMPA	.NY	
		inted name of signee		