L11000 127 689

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

Office Use Only



600407313866

04/25/23--01020--012 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	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:	
	Mario Solla		
Name of Person Firm/Company 11365 NW 50th Terrace Address Doral FL 33178 City/State and Zip Code mario_solla@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
	- 	Firm/Company	25-77
	11365 NW 50th Terrace		 -
		Address	
	Mario Solla Name of Person		
	mario, salla@hatmail.cam	City/State and Zip Code	
		to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
Mario Solla			
Name of Person		Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy C (additional copy is enclosed) C	ertificate of Status & ertified Copy
Registration 9 Division of C P.O. Box 632	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahasse	e
Registration 9 Division of C P.O. Box 632	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahasse	ن

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our re Liability Company)	cords.)				
v were filed on 11/09/2011	and assigned				
. If amending name, enter the new name of the limited liability company here:					
ility Company," the designation	"LLC" or the abbreviation "L.L.C."				
	 .				
address on our records, en	nter the name of the new regist				
Enter Florida straat a	ddross				
nnier v ioriaa sweet adaress					
• .	, Florida Zip Code				
	address on our records, en				

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
Manager	Mario Solla	3620 NW 115th Avenue	□Add
		Doral, FL 33178	■Remove
			□Change
MGRM Xavier Padron	Xavier Padron	3620 NW 115th Avenue	■Add
		Dorat, FL 33178	□Remove
			□Change
		***	□Remove
			□Change
			Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			Add
			□ Remove
			□ Chapus

<u></u>		_
		_

		_
		_
		_
		_
		_
		
		_
		
		_
		_
		_
		_
		_
	01/01/2022	
ffective date, if other than the	e date of filing: (optional) (optional)	NE 0207 :
an effective date is listed, the date must be determined in this bloom.	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 lock does not meet the applicable statutory filing requirements, this date will not be lis	15.0207 (sted as t
ocument's effective date on the Do		
record specifies a delayed effective distilled.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
April 06	2023	
M	aur Sella I.	
	Signature of a member or authorized representative of a member	
Mario Solla		
	Typed or printed name of signee	