12000139363

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T. MATTHEWS JAN 14 2022

COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	2005	s LLC	•
SUBJECT.		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	Name of Person	<u> </u>
	Premium 1	MIRANI RECHY Firm/Company	
	8004 NW	Syth Street #11	<u> </u>
	Miami La	city/State and Zip Code	
For further information co	E-mail address: (to be used for future annual report not	ification)
		at (<u>308</u>) <u>300 –</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

700s Us		22 JET - 3 FIT 3: 31
(Name of the Limited Liability (A Florida Li	Company as it now appears of imited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000\39363</u>		131 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered cagent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	, Florida 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 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
<u>Amer</u>	Richado Resino	8004 N~ 154th 5t 村日	XAdd
		Miami Lakel, ft 33016	Remove
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an effe ote:	re date, if other than the date of filing:
record is file	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 d.
ited _	DPLOMBER 29 . 2021
	DP LONISCE 29 . 2021 About Loning Signature of a member or authorized depresentative of a member
	Schastian Domingues. Typed or printed name of signee