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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

TO: Registration So Division of Cor			
OUD INCO		1008, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		CLAUDIA R. RICALDI MORE	NO
		Name of Person	
		Firm/Company	
		9022 GRAND CANAL DR.	
		Address	
		MIAMI, FL33174	
		City/State and Zip Code	
	E-mail address: (claudiaricaldi@hotmail.com to be used for future annual report noti	tication)
For further information c	oncerning this matter, please ca	ill:	
CLAUDIA R. F	RICALDI MORENO		
Name o	of Person	at (305) <u>857-2988</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres	s:	Street Address:	
Registration S		Registration Se	
Division of C		Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee be Street, Suite 810
rananassee, i	FL 32314	2415 N. MOHE	ic street, suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1008, LLC

	1000, LLC
(<u>N</u>	ame of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2013 and assigned Florida document number 1.13000033833.

This amendment is submitted to amend the following:

The new haire must be distinguishable and contain the words. Eminted is	lability 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	1	
Futur name as diagraphical formula ships	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new reg	
	ce address on our records, <u>enter the name of the new reg</u>	ISIE
	ce address on our records, <u>enter the name of the new res</u>	
	ce address on our records, <u>enter the name of the new res</u>	-
Name of New Registered Agent:	ce address on our records, <u>enter the name of the new res</u>	-
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, enter the name of the new reg	

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.

Zip Code

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>	Name	Address	Type of Action
MGRM	MANUEL O, RICALDI MORALES.	9022 GRAND CANAL DR., MIAMI, FL 33174	Add
			⊠ Remove
			Change
			□Add
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lote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 i as t
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	The
ated_	02-07-2024	
	Here / S	
	Signature of a member or authorized representative of a member	
	MANUEL O. RICALDI MORALES.	