## L14000155145

(Requ	restor's Name	)
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(City/s	State/Zip/Phor	ne #)
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## **COVER LETTER**

SUBJECT:	Name of L	imited Liability Company		
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matt	er to the following:		
	Barbara H. Schreibman,	Esq		
	Name of Person			
	Barbara H. Schreibman,	Esq. Attorney-at-law		
	Firm/Company			
	2645 Executive Park Dr	ive Suite 150		, .
		Address		.: '
	Weston Fl. 33331			
		City/State and Zip Co	ode	
	barbara@schreibmanlaw			
	E-mail address	s: (to be used for future and	nual report notification)	
For further information of	concerning this matter, please	e call:		
Barbara H. Schreibman		954 at ()		
Name o	of Person	Area Code	Daytime Telephone Number	

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ty Company as it now appears on our records. Limited Liability Company)	.)
(A Florida	Limited Liability Company)	-
he Articles of Organization for this Limited Liability C	Company were filed on OCTOBER 6 2014	and assigned
orida document number L14000155145	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	, 3
		27
nter new mailing address, if applicable:		7776
.,		.5
Mailing address MAY BE A POST OFFICE BOX)		r.n
<ol> <li>If amending the registered agent and/or registered gent and/or the new registered office address here:</li> </ol>	d office address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	D . 17 . 1	<u> </u>
	Enter Florida street address	
	, Flor	
	City	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>	Address	Type of Action
MGR	EUFRACIO LEONEL MEZA	2645 EXECUTIVE PARK DRIVE	≣Add
		WESTON FL. 33331	□Remove
			□ Change
			□Remove
			☐ Change
		<del></del>	d□Remove
			□Remove
			Change
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			□Change

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ative data if other than the data of filings	(antional)
effective date is listed, the date must be specific and cannot be prior to date	e of filing or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed:
ord specifies a delayed effective date, but not an effective time, at filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after th
JUNE 23 2023	
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Filing Fee: \$25.00