## L15000120069

(Request	or's Name)			
(Address	)			
(Address	)			
(City/Stat	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busines	s Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





900369530259

7/20/21



## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Name of Lim	ited Liability Company				
	Name of Limited Liability Company				
l fee(s) are sub	mitted for filing.				
ing this matter	to the following:				
) MARANGES	S				
	Name of Person				
RNE AVENUE	Firm/Company				
Address  LAKE WORTH BEACH, FL 33460					
@gmail.com	City/State and Zip Code				
:-mail address: ()	to be used for future annual repo	ort notification)			
natter, please ca	all:				
RAYMOND MARANGES					
	at () Area CodeI	Daytime Telephone Number			
ount:					
	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &			
	<u>Street Addr</u> Registratio				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	ing this matter  MARANGES  RNE AVENUE  RTH BEACH.  General address: ( natter, please co	Firm/Company  RNE AVENUE  Address  RTH BEACH, FL 33-460  City/State and Zip Code  @ gmail.com  -mail address: (to be used for future annual reponanter, please call:  561 702-6.  at ()  Area Code  If the company  Street Address  Street Address  Registratic Division o			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liab</u> (A Flori	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new regi</u> gn
Name of New Registered Agent:	<del></del>
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address  Florida  Zip Code

New Registered Agent's Signature, if changing Registered Agent:

K2LW LLC

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR RAMON MARANGES	RAMON MARANGES	PO BOX 584 BOCA RATON, FL 33428	
			□Add
			<b>=</b> Remove
			□Change
MGR RAQUEL C MARANGES	RAQUEL C MARANGES	PO BOX 584 BOCA RATON, FL 33428	<b>≅</b> Add
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
	<del></del> .	Remove	
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		□Remove	
		□ Change	