## N15000198552

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## COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co					
		EL15000198552; FEI/EIN 65-6109152)			
SUBJECT:					
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	NATALYA SABGA				
		Name of Person	<u> </u>		
	Lina Pech, LLC				
		Firm/Company		-	
	290 SW 112TH AVE				
		Address			
	Deerfield Beach Fl. 33432				
	bverprop78@hotmail.com	City/State and Zip Code & Natalya.SFOCap@gmail.com	·		20
	E-mail address: (	to be used for future annual report notifier	ntion)		2022 Juli 16
For further information c	oncerning this matter, please ca	all:			
NATALYA SABGA		561 789-5723		; <del>.</del> .	5
Name o	d Person	at () Area Code Davtime T	elephone Number	···	
		The Code Paymine 1	erephone (value)	• •	<u>ي.</u> ص
Enclosed is a check for the	ne following amount:			f	
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fill Certificat Certified (additional	e of Stati Copy	
Mailing Addres Registration S Division of C	Section Corporations	<u>Street Address:</u> Registration Section Division of Corpo			
P.O. Box 632	.7	The Centre of Tall			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lina Pech, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company were filed on $\frac{1}{2}$	2/01/2015	and assigned
Florida document number			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or t	he abbreviation "L.E.C."
Enter new principal offices address, if appli	rable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or agent and/or the new registered office addre	***		name of the new register
Name of New Registered Agent:	THE PROPERTY OF THE PROPERTY O		
New Registered Office Address:	290 S.W. 12TH AVE.		
		orida street address	22412
	DEERFIELD BEACH City	, Florida	a
	CIN'		гір Соае

## 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
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			□Remove
			□Change
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Effective date, if other that an effective date is listed, the dote: If the date inserted in document's effective date on	ate must be specific and this block does not a	d cannot be prior to d meet the applicable	ate of filing or more that statutory filing requ	(optional) n 90 days after filing.) Purs irements, this date will	quant to 605,0207 ( not be listed as t
	ffective date, but not	t an effective time.	at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
record specifies a delayed e d is filed.					
d is filed. May 24		2022			
d is filed.		2022			
d is filed. May 24	Ja Signature of a	·	PATING MANA( d representative of a m	SER )	<del></del>