## 110000091217

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:  J. HORNE  J. APR 14 2023
<i>H</i> , ,

Office Use Only



200406285032

94/17/23--01001--005 \*\*25.00

2023 AFR 14 FH 4: 31 2023 APR 14 PH 4: 37

SECULORISM FOR ALLERIANS FOR

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dei de Pios
TCA Leg 1 LCC Firm/Company
1800 Penbroke DR #300
OR-lando PL 30810
deed the closing Avenue; com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 433-6238  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S2500 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on our records.) a Limited Liability Company)	23-32
Company were filed on 05/10/2016	and assigned
ited liability company here:	
ited Liability Company," the designation "LLC" o	
RESS)	
<del></del> -	
	<del></del>
	<del></del>
d office address on our records, <u>enter th</u>	e name of the new registered
Enter Florida street addisant	
ismer Florida street address	
, Flori	da Zip Code
1	ited liability company here:  ited Liability Company," the designation "LLC" of the designation and the designation are considered and the designation are considered as a second as a sec

## 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
MGR	Deiche Rios	1800 Pemboke DR	🗆 Add
		Suite 300	□Remove
		Orlando FL 32810	AChange
			□Add
			□Remove
		<del></del>	🗆 Change
			□Add
			□Remove
			□Change
		· · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del> -	□Remove
			□Change

•	Name change from Deidre Egipciaco to Deidre Rios
,	
	tive date, if other than the date of filing:  (optional)  fective 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 605.0207 (3)(6)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 filed.
Dated	April 14 2023
	1 /\ / / / · · · ·

Typed or printed name of signee