## L16 000114019

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## **COVER LETTER**

TO: Registration S Division of Co.			
subject: <u>Flo</u>	LIDA CORRAL Name of Lim	LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOHN	Name of Derson	····
	Florida	A COKKAI LLE Firm/Company	
	10722 ARRO	W Rte. Suite 312 Address	
	RAJCHO CUC JOJOC E-mail address: (	California Corralio to be used for future annual report notice	Com fication)
For further information of	concerning this matter, please c		,
Jo Ha Name o	My Roja	at ( <u>907</u> ) <u>377 -</u> Area Code Daytime	2194 e Telephone Number
Enclosed is a check for t	he 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 Address:

Contract Con

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

Flore. Dr. Co.	MAI LLC
(Negre of the Limit	Ind Leability Company of it now appears on our records.  IA Florida Laminol Liability Company i
The Articles of Organization for this Limited 1. Florids document number LIVOVO	inhility Company were filed onand assigned
This amendment is submitted to amend the following	•
A. If amending name, enter the new name of	the fluited Bability company here:
The new same must be distinguishable and contain the w	
Enter new principal offices address, if applic	mailing name. enter the new name of the fimited liability company here:  The mail be deau gustable and creates doe worth "Landed Laintiny Company," the desegration TLC or the abbreviation TLC.  The principal offices address, if applicable:  Office address MUST BE A STREET ADDRESS!  mailing address, if applicable:  didress MAY BE A POST OFFICE BOX!  The new registered agent and/or registered office address on our records, enter the name of the new registered for the new registered office address here:  The HOLANKA GAYK! As H  THE HOLANKA GAYK! As H  THE Florida street address  The Forda street address  The Forda street address  The Agent's Signature, if changing Registered Agent:  The proposition as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
(Principal office address MUST BE A STREE	TADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE)  B. If amending the registered agent and/or regent and/or the new registered office address	egistered office address on our records, enter the name of the new registered a here:
Name of New Registered Agent:	Alexanda GAYRIASH
New Registered Office Address:	500 CJARGUN DL.
	INICH BEACH , Florida 32 461
New Registered Agent's Signature, if changing R	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address. I hereby confirm that the limited liability

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
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ective date, if other t	than the date of filing:	(options	al)
te: If the date inserted:	e date must be specific and cannot be prior to dat in this block does not meet the applicable s	te of filing or more than 90 days after fili statutory filing requirements, this da	ng.) Pursuant to 605.020 ate will not be listed a
ument's effective date	on the Department of State's records.		
ecord specifies a delayed	d effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
s filed.			·
ted <u>JUH</u>	27 2023		
	Signature of a member of gathorized	representative of a member	

Filing Fee: \$25.00



July 16, 2023

JOHNNY ROJO 10722 ARROW RTE STE 312 RANCHO CUCAMONGA, CA 91730 US

SUBJECT: FLORIDA CORRAL LLC

Ref. Number: L16000114079

We have received your document for FLORIDA CORRAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 323A00015760

Sharon D Franklin Regulatory Specialist II

