## L16000212126

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## **COVER LETTER**

Division of Cor	porations				
EL CLINE SUBJECT:					
SUBJECT:		nited 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:			
	OLGA SOTELO				
	, , , , , , , , , , , , , , , , , , , ,	Name of Person		_	
		Firm/Company		<b></b>	
	6975 BRESCIA WAY				
	ORLANDO FL 32819	Address			2023 FE
City/State and Zip Code laeskinna@clinesgroup.com				- 1 <del>- 1</del> - 1 - 1 - 1 - 1	2023 FEB -9 PM 3: 01
	E-mail address: (	to be used for future annual report notif	ication)	OF STA	포
For further information c	oncerning this matter, please c	all:		FL	3: 01
OLGA SOTELO		407 575-9315 at()		. ,	
Name o	f Person	Area Code Daytimo	Telephone Numbe	r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &

Mailing Address:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/18/2016  Torida document number L16000212126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023 FI
	ALI	
	in the second	1 (223) Land
Enter new mailing address, if applicable:	į,:	
Mailing address MAY BE A POST OFFICE BOX)	; in- in-	
Maring address MAT DE ATOST OFFICE DOLY	-11:	
		<del></del>
<ol> <li>If amending the registered agent and/or registered office adegent and/or the new registered office address here:</li> </ol>	ldress on our records, <u>enter the name</u>	e of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code

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

FL CLINE 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 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
AMBR	JOSE CLINE	6975 BRESCIA WAY	<b>=</b> Add
		ORLANDO, FL 32819	□Remove
			□Add
			□Remove
	***		S B hange
			SHORE STATE  SHORE STATE  Change
			□ Remove
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ective date, if other than the da effective date is listed, the date must be	e specific and cannot be pr	ior to date of filing or m	<b> (opti</b> ore than 90 days after	filing.) Purs	suant to 6	605.020
e: If the date inserted in this block ument's effective date on the Department			g requirements, thi	s date will	not be l	isted a
cord specifies a delayed effective d s filed.	ate, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b	) The 90t	ih day a	fter the
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Typed or printed name of signee