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(Requestor's Name)	
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PICK-UP WAIT	ΛΑΙL
(Business Entity Name)	
(Document Number)	
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VECUETARICATIONS

1843/23

COVER LETTER

Division of Corporations	٦.
SUBJECT: Properts Factory the Name of Limited Liablity Company	AND THE PER
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	See Contain
Adriana Garces Ruz	
Projects factory I.C.	
6700 Upress Rd #109	
Aantotion FL 33317 City/State and Zip Code	
Karina Vilaria @ hotmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Adriana Garcis Riz at (954) 3943273 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status S60.00 Filing Fee Scriffied Copy Senctored Certified Copy (additional copy is enclosed) S60.00 Filing Fee Scriffied Copy (additional copy is enclosed)	Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Princts Parton 110

(Name of the Limited Liability Compa- (A Florida Limited L	nAas it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 17962	were filed on 04-06-2017 and assigned assigned and assigned and assigned ass
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabing \mathcal{N}	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6700 cupress Rd #109 Plantation FL 33317
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	na Garcies Ruiz
New Registered Office Address: 6700	WPRSS Rd # 109 Enter Florida street address
Plant	ation Florida 333/7 Zip Code
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 lipsed liability company has been notified in writing of this change.

If Changing Replace d Agent, Stanature of New Registered Agent

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Adriana Garcia Ruiz	6700 cypress Rd #109	1
		Plantation FI 33317	□ Remove
		6700 cypress Rd	Change
MGR	Alfonso Gordillo	Plantation FL 33317	⊢_□ Add
			Remove
			Change
······			
			D Remove
			Change
			□ Remove
			Change
***************************************			Add
			Remove
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Filing Fee: \$25.00