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(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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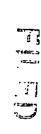
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COVER LETTER

Division of Corp	•					
SUBJECT:		903, LLC	-			
	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
	Jose	HUERTA Name of Person				
	H3R TAX	Advisors LL Firm/Company				
	12741 5	W 38 Tect	023 HAR 20			
	Miami	FL 3317 City/State and Zip Code	PH 4: 57			
	E-mail address: (i	n + ax advisor	S. COM m J			
For further information co	oncerning this matter, please ca	all:				
Ana M. Name of	Camacho Person	at (<u>786</u>) <u>594</u> . Area Code <u>Daytime</u>	D18D x 307 Telephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S	Section	Street Address: Registration Sec				
Division of Corporations P.O. Box 6327		-	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.) (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on August 23, apm and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4855 NWIDT PSGE
Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	1855 NW 107 PSGE DOTAL, FL 33178 enddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	·
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is
II Cr	langing 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 Title Type of Action Address Name BOD Claughton Island DR. DAdd VIVIAN MACIAS MGR # 903, Miami FL 33131 DRemove □ Change MGR Agustin Francisco Freile 4855 NW 107 PSGE WAdd Doral FL 33178 □ Change \square Add Remove 1 □ Change _ 🗆 Remove _ Change □Remove ☐ Change \square Add _____ □Remove

_____ Change

f amending any other	information, enter cl	hange(s) here: (Att	ach additional shee	ets, if necessar	y:)	
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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	l in this block does not r	neet the applicable sta	of filing or more than 9 atutory filing require	(optional 0 days after filin ments, this dat) g.) Pursuant to 6 e will not be 1	05.0207 isted as
record specifies a delayed is filed.	ed effective date, but not	an effective time, at	12:01 a.m. on the ea	rlier of: (b) 7	he 90th day at	fter the
Dated MARCH	15	, <u>2023</u> .//			(O N	J
	Signature of a	member of all borized r	epresentative of a men	iber	16.5.1 15.1.1	
	Digitation of a		-b-101111111111111111111111111111111111		HAR 20	ız.
	Aqusti	<u> </u>	SCO Fre	. 1	· · · · · · · · · · · · · · · · · · ·	~:

Filing Fee: \$25.00