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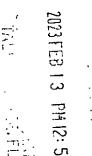
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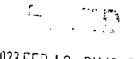
Ch. 11,1019053

## **COVER LETTER**

CHRICT.	Flores I	FLLC	
NUBJEC, C		ited Liability Company	
Please return all correspo	ndence concerning this matter	to the following:	
	N.	ery Flores	
Pembre For further information concerning this matter Name of Person  Enclosed is a check for the following amount  S25.00 Filing Fee S30.00 Filing Certificate of  Mailing Address:			
		Firm/Company	~
	1457	n NW 122	Terrace
	Pembroke Pi  Citys  Temat address:  A check for the following amount:  S.00 Filing Fee * \$30.00 Filing Fee & Certificate of Status  Mailing Address:    Citys   Certificate of Status   Certificate of	Pines, FL	53026
		City/State and Zip Code	1
	E-mail address: 1	to be used for future annual report no	MAII. WM
For further information c	oncerning this matter, please c	all;	
Nev	1 Flores	at 443, 400	1986
V Name o	Division of Corporations  Flores F LLC  Name of Limited Liability Company  enclosed Articles of Amendment and feets) are submitted for filing.  The return all correspondence concerning this matter to the following:  New Flores  Name of Person  Flores F M 122 Tervate  Address  Pembroke Pines, FL 53026  City/State and Zip Code  New 2925 R hot mail. com  E-mail address to be used for future annual report monification;  further information concerning this matter, please call;  New Flores  at 443, 400 1986  Daytine Telephone Number  Doed is a check for the following amount:  \$255.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 13 PH 12: 59

Flores	C 1	110
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WALL TO THE

(A Florida Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

O2/16/2019 02/16/2018 and assigned L18000042631 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sweep Broward The new name must be distinguishable and contain the words "I imited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida <u>\_\_</u> 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

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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