## 118000 185210

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

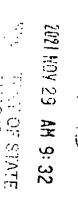
Office Use Only

A. RIVERS
DEC 1 5 2021



300376889983

11/29/21--01880--012 \*\*55.00



## **COVER LETTER**

, TO:

	ration Section on of Corporations	
LI	UCIA GONMI, LLC, a Fle	orida Limited Liability
SUBJECT:	·	Name of Limited Liability Company
The enclosed A	rticles of Amendment and	fee(s) are submitted for filing.
Please return all	correspondence concernir	ng this matter to the following:
	Lucia Gonza	alez Milano
		Name of Person
	Lucia Gonmi	ni, LLC.
		Firm/Company
	3550 Altis C	Circle N, Unit 10201
	<del>-</del>	Address
	Hialeah, Fla.	. 33018
		City/State and Zip Code
		tes@gmail.com
		-mail address: (to be used for future annual report notification)
For further info	rmation concerning this ma	atter, please call:
Lucia Gonzalez	z Milano	786 719-2767
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amo	ount:
□ \$25.00 Filii		ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, te of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Enclosed is a character S25.00 Filing  Mailing Regist Divist P.O. 1	Name of Person  neck for the following amount	Area Code Daytime Telephone Number  Dunt:  ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, te of Status  Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucia Gonmi, LLC.			
(Name of the Limited L (A F	iability Compar Iorida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L18000185210	ity Company	were filed on august 2, 2	018 and assigned
	<del></del> -		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company " the designation	n "LLC" or the abbreviation "LLC"
-		3550 Altis Circle N, Un	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Hialeah, fla. 33108	
			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3550 Altis Circle N, Unit 10201	
		Hialeah, Fla. 33018	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our records,	enter the name of the new register
Name of New Registered Agent:	ucia Gonzalez	Milano	
New Registered Office Address: 3	550 Altis Circl	le N. Unit 10201	
1-	Iialeah, fla. 330	Enter Florida stree. 018	Andress 33109
	20.00.21.77	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		(5

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete with to 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 lability 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Lucia Gonzalez Milano	3550 Altis Circle N, Unit 10201	<b>=</b> Add
		Hialeah, tla. 33018	
			□Change
Mgr Stephen Panigel		□Add	
		Remove	
			☐Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Change

_	
_	
_	
_	
-	
-	
_	
_	
_	
_	
_	<del></del>
_	
_	
lf an effe <u>Note:</u>	ve date, if other than the date of filing:  September 14, 2021 (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rd is file	
	SEPTEMBER 16 2021
Dated <sub>-</sub>	
Dated <sub>-</sub>	Signature of a member or authorized representative of a member