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Special Instructions to	Filing Officer.	

Office Use Only

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## **COVER LETTER**

TO: Registration Se Division of Cor		•	•
SUBJECT:	CU+ 8(e.	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Alex	ROCHIQUEZ Name of Person	
	cut	80. UC	
	_ 8 Nothing	ngham Pl. Address	
	Buyinton	Blach, FL 33-	120
	E-mail address: (	2 @ Jah DO - Com	fication)
For further information c	oncerning this matter, please co	all:	
ALX ROC	LFIGUEZ Person	at (700) U70 Area Code Daytim	e Telephone Number
Encyosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	+ EU.	ny as it now appears on our records.	<u> </u>
(	Florida Limited I	Liability Company)	,
The Articles of Organization for this Limited Lial Florida document number LB0001871	oility Company	were filed on 8 00 20	ond assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat Principal office address MUST BE A STREET		N/A; no cha	inge
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	N/A; no cha	ingl 3
B. If amending the registered agent and/or reg agent and/or the new registered office address		nddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:  New Registered Office Address:	N/A;	no change	
		Enter Florida street address	
		, Flor	ida 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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to June 1	Signature of a me	2023	representative of a me	niher	
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