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COVER LETTER

Division of Cor			
	ANING ENTERPRICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	CRUZ PEREZ, GUSTAV	0.1	
		Name of Person	
	GUSTAVO		
		Firm/Company	
	306 E 119TH AVE		
		Address	
	TAMPA FL 33612		
		City/State and Zip Code	· ·
	GUSTAVO_CP93@HOTM E-mail address: (IAIL.COM to be used for future annual report notil	fication)
For further information of	oncerning this matter, please c	•	
GUSTAVO		786 2414228	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C	Corporations	Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if appli		306 E 119TH AVE			
(Principal office address MUST BE A STREE		TAMPA, FL 33612		 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		306 E 119TH AVE TAMPA FL 33612		2923 AU	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office	address on our records,	enter the name o	f the new reg	zistere
Name of New Registered Agent:	CRUZ PEREZ	, GUSTAVO I		- 27	
New Registered Office Address:	306 E 119TH A	AVE			
		Enter Florida stree	t address		
	TAMPA		, Florida <u>33612</u>		
		City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□ Remove
			□Change
			□Add
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			□Remove
			(=1 6)

	
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	27
(If an et <u>Note:</u>	tive date, if other than the date of filing: [Coptional] [Coptional]
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
f the record is f	

Filing Fee: \$25.00