(Ř	equestor's Name)
	Adrana
(А	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer.
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	J. HORNE
	SEP 2 5 2023
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Office Use Only



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# COVER LETTER.

TO: Registration Sec Division of Corp				· J
SUBJECT: Tur	of Love L	LC		
	Name of Limi	ted Liability Company		-
The enclosed Articles of /	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	Sylvana	Name of Person		_
	Ú	Name of Person		
	Aldans 6	From LLC		_
		1 que company	_	
	13640 No	orth Kondal	( Drive #10	<u>1</u> 6
		Address		
	Miami, Fl	_ 33186		
		City/State and Zip Code		_
	Sylbook Feep	er (Domail.	Co-,-~	
		•	epore normeacion)	
For further information co	incerning this matter, please ca	.IE:		
Sylvana	Nocheira	at ( 3 = 5 )	874 - 09 08	
() Name of	None:ra Person	Area Code	Daytime Telephone Numb	ег
Enclosed is a check for the	e following amount:			
<b>⊠</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certific	Filing Fee, cate of Status & cd Copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

FUR OF LOVE LLC		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000087738	were filed on <u>03/28/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A	•	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18181 NE 31st COURT	
(Principal office address MUST BE A STREET ADDRESS)	APT 704	
The same of the sa	AVENTURA, FL 3316	0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	18181 NE 31st COURT	
	APT 704	
	AVENTURA, FL 3316	0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
<del></del>	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.

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE VITERI	18181 NE 31st COURT APT 704	□Add
		AVENTURA, FL 33160	□Remove
			■ Change
AMBR	LAURA PINILLA	18181 NE 31st COURT APT 704	≅Add
		AVENTURA, FL 33160	🖸 Remove
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lote:	ive date, if other than betive date is listed, the date If the date inserted in the tent's effective date on the	is block does not	meet the application	ble statutory filing	requirements, this	onal) filing.) Pursuant to 605.0 s date will not be listed	0207 d as
	d specifies a delayed effo led.	ective date, but no	ot an effective tir	ne, at 12:01 a.m. o	on the earlier of: (b	) The 90th day after	the
			2023		/		
l is fil	SEPTEMBER 15		_,	-	/		
is fil	SEPTEMBER 15		·		<i>'</i>		
d is fil	SEPTEMBER 15		·	izod representative	of a member		