## L19000161634

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Office Use Only



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2021 SEP 29 PH 2: 13 SECRETARY SEED THE



Registration Section , TO: **Division of Corporations** 

THORIVED

UBJECT:	LLC		2521 SEP -7	6H IO: 56
	Name of Lim	ited Liability Company	- EUCT OL:	141 10 11 -
			*	<b>+</b> -
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspon	ndence concerning this matter	to the following.		
	Joyce Parra			
		Name of Person		_
	Joyce Parra LLC			
		Firm/Company	·	-
	8560 SW 163rd Ter			
	<u> </u>	Address		_
	Palmetto Bay, FL 33157			
		City/State and Zip Code		<b></b>
	joyceparra@gmail.com			
	E-mail address: (	to be used for future annual report not	tification)	
or further information co	oncerning this matter, please ca	all:		
oyce Parra		786 444-2096		
Name of	Person	at () Area Code Daytin	ne Telephone Numbe	<del></del> :г
nclosed is a check for th	e following amount:			
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 F	iling Fee.
■ \$25.00 Filing Fee		Certified Copy	Certific	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joyce Parra LLC		
( <u>Name of the Limited Liability Comp</u> r (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>06/19/2019</u>	and assigned
lorida document number 1.19000161634		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
oyee Parra Ramirez LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS)		762 21
	;	
		0
nter new mailing address, if applicable:	;	
•		N L
Hailing address MAY BE A POST OFFICE BOX)		ni w
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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.

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
			Remove SEP 29 Change
			—————————————————————————————————————
			ਿੰਨੀ ω □Remove
			☐ Change
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		<u></u>	□Remove
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			□Change

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Filing Fee: \$25.00