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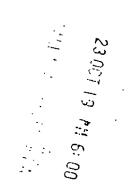
(Requestor's Name) (Address) (Address)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	ONES B Y G 65 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		
	NORY'S PINTO		
		Name of Person	
	MRG		
	·	Firm/Company	
	5200 SW 57TH COURT		
		Address	
	DAVIE FLORIDA 33314		
	INVERSIONESBYG65@g	City/State and Zip Code mail.com to be used for future annual report not	ification)
For further information of	concerning this matter, please ca		incation,
NORYS PINTO		281 3235380	
Name o	of Person	Area Code Daytin	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	LES OF AMENDMENT TO LES OF ORGANIZATION OF	cords.)
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our re orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number 12000 15 This amendment is submitted to amend the following A. If amending name, enter the new name of the	ty Company were filed on 5 11 ∫ g:	<i>'</i>
The new name must be distinguishable and contain the words	, , , ,	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
_		, Florida
N. D. Januari I. a.	City	Zip Code
New Registered Agent's Signature, if changing Regist	terea 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>	<u>Address</u>	Type of Action
MGR	NORYS JOSEFINA PINTO	5200 SW 57TH COURT DAVIE FL 33314	≅ Add
			□Remove
			□Change
MGR	NORYS PINTO R	5200 SW 57TH COURT DAVIE FL 33314	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
· 			
			□Remove
			□Change

Effective date, if other than the date of filing: (optional) (if an effective 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 605.0207. Note: If the date inserted in this block does not manot et the applicable statutory filing requirements, this date will not be listed as of document's effective date on the Department of State's records. The erecord 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 red is filed. Dated OCTOBER 10 2023 Signature of a member by authorized representative of a member NORYS JOSEFINA PINTO		
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