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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations	_	
· , SUBJECT:		vilders P	BLLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mich	nel Garcia	a
		ad Garija	_
	888	Firm/Company SE 31 d Aven	ve, Sv.te 400.D
		Address Laudarda L City/State and Zip Code	
	Mich E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	a. Com
For further information c	oncerning this matter, please co	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
M.ch		at (AST) 70 Area Code Daytim	13.6202
Name e	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
1 \$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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ţ.,	1	

AMG	Buile	bers	PB.	LZC MAY - 1 AM 7:	: 55
(Name of the Limited L. (A F	iability Company Torida Limited Lia	y as it now appeability Company	ars on our r	ecords.) The Line SEE, F	LE L
The Articles of Organization for this Limited Liabil Florida document number	lity Company w <u> </u>	vere filed on _	1/10	and assigned	d
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ity company l	nere:		
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the	designation	"LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable	2:				
(Principal office address MUST BE A STREET A.	DDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOY	<u>V)</u>		.		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ldress on our	records, <u>e</u>	nter the name of the new reg	<u>tistered</u>
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Fl	orida street a		
_		City		_, Florida Zip Code	<u> </u>

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>	Name	Address	Type of Action
MGR	Edgardo Mastrod	omenico	□Add
	0	160 Bella Vista W	Remove
		Royal Palm Beach	F1 33 41
		·	□Add
			□Remove
			□Change
			□Add
			Remove
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fect	ive date, if other than the date of filing: $\frac{4}{35} \frac{35}{3023}$ (optional)
ın eff	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
ecor is fil	d 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 led.
	I
ited	April 25m 2023 1 5.
	V YIU
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member LUIS MUNOZ Typed or printed name of signee

Filing Fee: \$25.00