h20000024324

(Requ	uestor's Name)	
(Addr	ress)	<u>.</u>
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





300363526203

04/14/21--01012--012 **25.00

1.1. 2: 24

111- 2

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT. HOU ITS H	no lono ses IIC	
SUBJECT: Hey HS H	ne of Limited Liability Company	
The control American of American and force	on submitted for filing	
The enclosed Articles of Amendment and fee(s) are submitted for timing.	
Please return all correspondence concerning th	is matter to the following:	
	Maria Valencia Name of Person	
<u>He</u>	y Its The lepezes LLC Firm/Company	
710 U) Neer Cake Or tutz Address	
	City/State and Zip Code	
E-mail	address: (to be used for future annual report notification)	
For further information concerning this matter.	please call:	
Maria Valencia Name of Person	at (<u>813)</u> <u>562-1540</u> Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25,00 Filing Fee \$30,00 Filing F Certificate of 2		
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

they its the cop	rezes, ac	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>01/17/2020</u>	and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		breviation "L.L.C."
Enter new principal offices address, if applicable:	710 W Deer Cake	UY
(Principal office address MUST BE A STREET ADDRESS)	Utz, FL 33548	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	Marialejaphotos address on our records, enter the nam	
agent and/or the new registered office address here:		÷ 3
		t Tomas Sent and
Name of New Registered Agent:		,
New Registered Office Address:		2 · ·
	Enter Florida street address	
	Florida	N Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	•	· -
	and to got in this consists. I fourther any	raa ta aannah week ek
I hereby accept the appointment as registered agent and agre	ce to act in this capacity. I pirther agi	ee to comply with th

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			☐Change
			□Add
		□ Remove	
			☐ ☐ Change
		⊒Add	
		□Remove	
		□Change	
		☐Add	
		□Rепюче	
		□Change	
<u>_</u>			
		Петюче	
			□ Change
			□Add
			□Remove
			□Change

-	
_	
_	
_	
_	
_	
_	
-	
(If an effec Note: If	the date, if other than the date of filing:
he record ord is file	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 d.
Dated _	May Jalera Signature of a member or authorized representative of a member Maria Valencia
	Signature of a member or authorized representative of a member
	Maria Valencia Typed or printed name of signee