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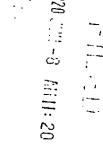
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PICK-UP	☐ WAIT	☐ MAIL
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Special Instructions to	Filing Officer:	





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Amend

JUN 2 3 7023 I ALBRITTON

COVER LETTER

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

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on O2 21/2020 and assigned Florida document number 200000 59 292

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Emer Florida street address

, Florida j

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kolven Cordero	427and 429 east	□ Add
		Donegan Ave. Kissimme	<u>e</u> □Remove
		FL, 34744	Change
MOR Yurso	Yurso) Mercado	427 and 479 east Donac Ave Kissimmer FL 3414	Ω¶□Add
	3	Ave Kissimmer FL 344	∐ □Remove
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_	apear in the UC as a marger.
_	Kelven Cardero AMBR (Owner) Yunsel Hercade MOIR (manger)
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lf an effe <u>Note:</u> - [tre date, if other than the date of filing:
e record d 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 ed.
Dated _	03\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Ignatule of a member or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00