## L20000132636

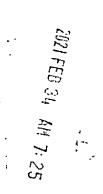
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Cenigdaly.ll	lc	,	
		ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Cenigdaly Deleon Lopez		
		Name of Person	
	Cenigdaly Ilc	Firm/Company	
	10545 SW 13th Ct.	Address	
	PEMBROKE PNES		
		City/State and Zip Code	
	cenigdaly@gmail.com E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Cenigdaly Deleon-Lopez		at () 9544774869	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$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)
Malling Address Registration S		Street Address: Registration Sec	:tion

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cenigdaly Ilc.

Cenigdaly Ilc.

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

(A Florida Limited Liability Company)

(Name of the Limited Etablity Com (A Florida Limited	d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan	ny were filed on May 15, 2	020 and assigned
Florida document number <u>L20000132636</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Basics 2 Being Ilc		
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	
Imming unitess may be at our office boxy	- Curre	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: N/A	e address on our records	, enter the name of the new registered
Nume of New Acquisited Agent.		
New Registered Office Address: N/A	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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 = Ma AMBR = Au	nager thorized Member			
Title	<u>Name</u>	Address	2021 FEB 34 AM 7: 26	Type of Action
			÷	□Add
				□Remove
				□Change
				□Add
		<del></del>		🗆 Remove
		\		Change
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				Remove
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				□ Add
				□Remove
				□Change
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				□ Remove
				□Change

	2021 FEB 34 AM 7: 25
	·
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the te's records.
	a effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is filed.	
Dated 01 29 2021	
Dated <u>01-29-2021</u> ,	<del></del> ·
1. Deleon fens	mber or authorized representative of a member
Signature of a me	mber or authorized representative of a member
Conjudely Delege Learn	
Cenigdaly Deleon Lopez T	yped or printed name of signee