## K20000179927

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

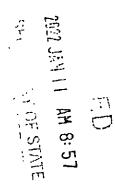
Office Use Only

A. RIVERS JAN 2 4 2022



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## COVER LETTER

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Un Ca	iche L	<u>. とじ</u>		<del></del>	
( <u>Name of the Limit</u>	<u>ed Liability Compa</u> (A Florida Limited I	ny as it now appears Jability Company)	on our records.)		
The Articles of Organization for this Limited Li		were filed on <u></u>	londa	and assigned	
Florida document number <u> </u>	<u> </u>				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>2</u> :		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	5305	5W 8 to	h St	
(Principal office address MUST BE A STREE	T ADDRESS)	Mana	500 8 to	83/3 <u>/</u>	
Enter new mailing address, if applicable:		5305	5w 8 th	_5E	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Maria	<u> </u>	73134	<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:		<del> </del>		
Name of New Registered Agent:	Exmar	rda La	bringue.	7 4 3	
New Registered Office Address:	5305	3W E	orningul.  3 th St.  a street address		
	_ Who	ani	, Florida	3313T	:
	Ĺ	City		( )	-
New Registered Agent's Signature, if changing R	egistered Agent:			STA 5	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in	er and complete tered agent as p egistered office	performance of m provided for in Ch	ny duties, and Lam fo apter 605, F.S. Or,	vee to co <mark>mply wh</mark> amiliar with and if this document	h the

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	Junior Georga Coz	5305 SW 8th St	DAdd
		Mugnic, FL, 33134	ERemove
			ElChange
MGR	Coilor Albrito Figurado Genzalez	5305 5W 8th St	[]Add
	Ligurido Genzalez	Meanie, FL, 33134	
			□Change
MGR	Adoray Charon	6831 SW 31 St.	[]Add
`	13a16(n	Meani, FL, 33155	□Remove
			□ Change
MGR	Ernanda Donun- guz	6831 SW 21 St.	EAdd
`	guiz	6831 5w 21 st. Marrie, FL, 33155	□Remove
			□Change
			□Add
			[]Remove
			Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized polesemative of a member	
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Filing Fee: \$25.00