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(Red	questor's Name)	-
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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### **COVER LETTER**

TO: Registration Division of C			
	Toplaic	SACLAC III	
SUBJECT:	Serna Enter Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Luis	Serna Name of Person	
		Name of Person	
	12802 Cec	Firm/Company LILY FOREST DT#3 Address	308
•	/	Address	
	Tamora	FL 33625	
	Luis Seri E-mail address: (	FL 33625 City/State and Zip Code  16 Serna @ Gmato be used for future annual report notice	il . com
For further information	n concerning this matter, please ca	all:	
Luis -	Serna	at ( <u>813</u> ) <u>404</u> -	8045
Nam	CHITCISOI	1 Alek Code Palyana	C Telepania . Tilling.
Enclosed is a check fo	r the 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)

#### 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 ARTICLES OF ORGANIZATION

Ser	na En-	terprise	es LLC	
(Name of the Limite				
The Articles of Organization for this Limited Lia Florida document number <u>L267</u> 06	nbility Company 2	were filed on	7-20-2020	2 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>'e</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	TADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Da	vid Se	erna	33625 Zip Code
New Registered Office Address:	12802	Cedar Fo	NEST Dr #3	<b>0</b> 8
	12	Enter Flori	la street address	32/75
	1 ampa		, Florida	フピタラ Zip Code

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

Thereby 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, <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
MER	Luis F Serna		□Add
		12802 Codar Forest Dr Tampa FL 33625	<i>¥ 30§</i> Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
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_	
Note: If	date, if other than the date of filing:
t the record : ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	8-10 2021
_	Signature of a member or authorized representative of a member
	LUIS F SETNA Typed or printed name of signee