

(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



000428669050

04/29/24--01022--022 **:25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
1) -			
SUBJECT: TOM	OSapiens all	nited Liability Company	
	Nume of Em	med fallimity company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Locy_	Casanosa Name of Person	
		Name of Person	
	Homo	sapiros LUC.	
		Sapions, LCC Firm/Company	<u>. </u>
	176:7 63	2042 61	
	11311 300	28th Ct Address	
	Miramar,	FL 33029 City/State and Zip Code	
		City/State and Zip Code	
	Casanows	JCy @ Yah 00 - Co to be seed for lording annual report noti	rication)
For further information of	oncerning this matter, please c	·	
	-		
Low Ca	Sanova	at (<u>954</u>) <u>536</u> Area Code Daytim	1028
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
≰\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			radditional copy is chemiscus
34		A	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

-ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homosapiens L	LC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L200021697</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS) ≥ S S
	ESS) APR 29
	*H 29
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
	69
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Lucy Casanova 1517 Sw 28th Ct
New Registered Office Address: 17	517 SW 28 th Ct Enter Florida street address
_ M	iramar Florida 33029.
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:

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.

Mchanging Hegistered 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>	Address	Type of Action
MGR	Karen B Rojas Martello	1255 West 34th Way	□Add
		Hiakah FL 33018	&Remove
		<u> </u>	□Change
MGR	Natay V Sieber	1155 West 34th Way	
		Hialeah, FL 33018	K Remove
			□Change
			□Add
			Remove
			□Change
			□ Remove
			□ Change
			□Remove
			□Change
			□Remove
			Change

-					
			·		 _
					<u></u>
					
-					
				-	
 					
					<u></u>
					
reffective date is list te: If the date ins	ther than the date of ted, the date must be specif erted in this block does date on the Departmen	fic and cannot be prior to not meet the applical	odate of filing or more th	an 90 days after filing.) Pu	irsuant to 605,020 If not be listed a
s filed.	elayed effective date, bu				0th day after the
. Ans.	, 2200	2024	-· /		
ed river			/		
ted <u>FYEY</u>	Lun	y Cosmon	à /		
ted April	- Signatury	of a member or author	ized representative of a 1	nember	