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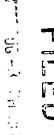
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.	in Catibatian	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
		}

Office Use Only · "N

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COVER LETTER

10:	Division of Cor						
	•	•	*	4. *			
SUBJE	ECT:		TY & MANAGEMENT LLC				
		Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			JOSE LEON				
			Name of Person				
		LBS LI	ON BUSINESS SERVICES LLC				
			Firm/Company				
		833	33 W MCNAB RD STE 114				
			Address				
			TAMARAC, FL 33321		1. 13.5	. ;	
			City/State and Zip Code	<u></u>	≱ CRE	ر.	•
			LEONBUSINESERVICES.COM		je! 2012 - 3	يان سان	!
		E-mail address: (to be used for future annual report notif	ication)	AS:	'A.'	,
For fur	ther information c	oncerning this matter, please o	all:		SEE S	<u>-</u>	1
	JOSE	LEON	954 323-9074		FA	. .	
	Name o	f Person	at () Area Code Daytime	: Telephone Number	m		
Enclose	ed is a check for th	ne following amount:					
≡ \$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate Certificate Certified C (additional co	of Status & Copy		
	Mailing Addres Registration S		Street Address: Registration Sec	rtion			
	Division of C		Division of Cor				
	P.O. Box 632	.7	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears a Limited Liability Company)	on our records.)	
Company were filed on	07/29/2020	and assigned
ited liability company he	<u>re</u> :	
nited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
RESS)		
		338 338
		RET. S
		
d office address on our re	cords, <u>enter the na</u>	— A - me of themew registere
Enter Floric	da street address	· · · · · · · · · · · · · · · · · · ·
City	Florida _	Zip Code
	ited liability Company here ited liability Company here ited Liability Company." the de RESS) Enter Florid	ited liability company here: ited Liability Company." the designation "LLC" or the RESS) Enter Florida street address Florida

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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEOVANNY RODRIGUEZ	13141 SW 8 ST	🗀 Add
		DAVIE, FL 33325	□Remove
			■ Change
			□Add
			□Remove
			□Change
			ACR Add
			C STATE
			□Add
			□Remove
			□Change
			□Add
			□Remove
			-
			☐Remove ☐Change

ONLY CHANGING MEMBER TITLE	· · · · · · · · · · · · · · · · · · ·
THANK YOU.	
· 	
	SEC
	STAT
	لنا
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fines. If the date inserted in this block does not meet the applicable statut ament's effective date on the Department of State's records.	aling or more than 90 days after filing.) Pursuant to 60 tory filing requirements, this date will not be list
sment's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12: filed.	01 a.m. on the earlier of: (b) The 90th day aft
/	
ed 7/20/22	
$\mathcal{O}(0) \wedge \mathcal{O}(0)$	
Signature of a member or authorized repre	sentative of a member

Filing Fee: \$25.00