## 120000344276

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PICK-UP	WAIT	MAIL.
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A. BUTLER

JAN - 3 2023

## **COVER LETTER**

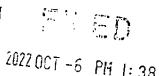
		,	
	o LLC	·	·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
	Lourdes Martinez		
		Name of Person	
	AGLAW		
Division of Corporations    130 Palermo LLC			
	3162 Commodore Plaza, S	ouite 3e	
		Address	
	Coconut Grove, Florida 33	1133	
		City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information c	concerning this matter, please c	all:	
Lourdes Martinez			
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	<b>4</b> :

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



130 Palermo LLC		9 111 1-38
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 8/11/2020	and assigned
Florida document number L20000244276		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11115 SW 78th Court	
Principal office address MUST BE A STREET ADDRESS)	Pinecrest, Florida 33156	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	F	lorida
	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.

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
MGRM	Michael Villanueva	11115 SW 78th Court	<b>=</b> Add
		Pinecrest, Florida 33156	□Remove
			□Change
AP	AP Fe Villanueva	11115 SW 78th Court	<b>=</b> Add
		Pinecrest, Florida 33156	□Remove
			□Change
AP	Alexis Gonzalez	3162 Commodore Plaza, Suite 3e	□Add
		Coconut Grove, Florida 33133	■Remove
			Change
			□Add
			Remove
			□Change
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			□Change

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	f other than the date of filing: (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
	tive date on the Department of State's records.	113160 0
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
rd is filed.		
September Dated	r 2 2022	
Dated		
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00