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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Compa	any		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GREG K GONZALEZ				
Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:  GREG K GONZALEZ  Name of Person  GREG K GONZALEZ CPA PA  Firm*Company  7900 OAK LANE SUITE 400  Address  MIAMI LAKES, FL 33016  City/State and Zip Code  GREG@GGCPACO.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  REG K GONZALEZ  Name of Person  Area Code  Daytime Telephone Number  **S25.00 Filing Fee**  Certificate of Status*  Certificate Copy  Certific			<del></del>		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  GREG K GONZALEZ  Name of Person  GREG K GONZALEZ CPA PA  Firm Company  7900 OAK LANE SUITE 400  Address  MIAMI LAKES, FL 33016  City/State and Zip Code  GREG@GGCPACO.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GREG K GONZALEZ  Name of Person  Area Code  Daytime Telephone Number  Einclosed is a check for the following amount:  S255.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee					
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  GREG K GONZALEZ  Name of Person  GREG K GONZALEZ CPA PA  Firm*Company  7900 OAK LANE SUITE 400  Address  MIAMI LAKES, FL 33016  GREG@GCPACO.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GREG K GONZALEZ  Name of Person  Final Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 81				<del></del>	
	7900 OAK LANE SUITE	400			
	•	Address			_
	MIAMI LAKES, FL 33010	6			. 532
	<u> </u>	City/State and Zi	p Code	<u></u>	- · · · · · · · · · · · · · · · · · · ·
	GREG@GGCPACO.COM				
	E-mail address: (	to be used for future	annual report no	tification)	<u> </u>
For further information e	oncerning this matter, please ca	all:			**************************************
GREG K GONZALEZ			342-3760		<u>.</u>
Name o	f Person		de Daytii	ne Telephone Numbe	er 🚡
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified C	ору	Certific Certific	ate of Status &
Registration S Division of C	Section Corporations	R D	egistration Solvision of Co	orporations	
		2		oe Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

any as it now appears on our records.) Liability Company)	<u>-</u>
y were filed on 09/03/20	and assigned
<u>bility company here</u> :	
ility Company," the designation "LLC" or the abl	
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MIRAMAR PARKWAY, FL 33027	← + + + + + + + + + + + + + + + + + + +
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14631 S W 41 ST	4.3
MIRAMAR PARKWAY, FL 33027	**************************************
address on our records, enter the name	e of the new regis
P Pl . 1	
Enter Florida street address	
	bility Company here:  ility Company." the designation "LLC" or the abbut 14631 SW 41 ST  MIRAMAR PARKWAY, FL 33027  14631 S W 41 ST  MIRAMAR PARKWAY, FL 33027  address on our records, enter the name

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
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cument's effective date on the Department of	i State's records.	
ecord specifies a delayed effective date, but n	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er th
is filed.		
June 6	2023	
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Typed or printed name of signee