LZC CCC 3141159

(Requestor's Name)
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Divisio	on of Corp	porations				
> 1 fee 1 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Teresita Taylor LLC					
		Name of Limited Liability Company				
The enclosed A	rticles of :	Amendment and fee(s) are sub	mitted for filing.			
Please return all	l correspo	ndence concerning this matter	to the following:			
		Jenny C.				
			Name of Person			
		ZenBusiness Inc.				
	Firm/Company					
		336 E College Ave, Ste 30	i			
		Address				
		Tallahassee, FL 32301				
			City/State and Zip Code			
		fulfillment@zenbusiness.co	m to be used for future annual report	notification)		
For further info	rmation co	oncerning this matter, please ca				
Jenny C.			844 493-624	9		
	Name of	Person	at () Area Code Da	ytime Telephone Number		
Enclosed is a ch	eck for th	e following amount:				
■ \$25.00 Filin	ng 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 tadditional copy is enclosed)		

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

Teresita Taylor LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/05/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Teresita Lantes LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	*	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the n	
agent and/or the new registered office address here:		F-11 22 OCT 8E-1369
Stamp of March Declarated Access		でいる。
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	2 . 12 . 1	mc p
	Enter Florida street address	- · · · · ·
	Florida	Zip Code
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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
AMBR	Teresita Taylor	8014 S Meadowview Cir	
		Tampa, FL 33625	■Remove
			□Change
AMBR	Teresita Lantes	8014 S Meadowview Cir	■Add
		Tampa, F1, 33625	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
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(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecities 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 Oct	ober 17 <u>2022</u>
	/s/ Teresita Lantes
	Signature of a member or authorized representative of a member
	Teresita Lantes
	Typed or printed name of signee

Filing Fee: \$25.00