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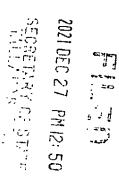
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corp	ocrations		
SUBJECT: Tey	Name of Lim	ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Steplen (Name of Person	
		Name of Person	
	Guerrero L	Firm/Company	
	240 SW 8	Ace &	
	d . =	37 370	
	Miami, fl	City/State and Zip Code	
	squerrer of +1	City/State and Zip Code City/State and Zip Code Code	(miles)
For further information co	oncerning this matter, please ca		cacony
	-		_
Stephe Vinne of	Person	at (984) 483 - oc Area Code Daytime	S Telephone Number
		, and evide the payment	· rotephone i vanive.
Enclosed is a check for the	c following amount:		
\$25,00 Filing 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 (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F	L 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

2021 DEC 27 Ph 12: 50

Liability Company as it flow appears on our records 1:05

	<u> </u>	طنمع لا		10-0 27 Phi 12: 50
(Name of the Lin	ited Liability Compar (A Florida Limited L	iy as it now appo- lability Company	ears on our records	GEMAN CESTUR
The Articles of Organization for this Limited	Liability Company	were filed on .	10/19/200	and assigned
Florida document number <u>(2000033</u>				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," th	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Day and the control of the control o				### ·
	E DANS			
	E <u>BOX)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICI	<u>E BOX)</u>			
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office a	ddress on our	records, enter t	he name of the new regi
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office a	ddress on our	records, <u>enter t</u>	he name of the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a			he name of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or the new registered office address and/or the new Registered Agent:	registered office a			he name of the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a			he name of the new regi
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office a		Ave Ave Jorida street address	rida 3313 O

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>	<u>Address</u>	Type of Action
<u>a MBR</u>	Erickson Tejeda	240 Sur 8th Ave	□Add
		1:am: ,F1 33130	TRemove
	~ \		□Change
AMBR	Erick Tejeda	240 su 8" ALR	□Ađd
		Mian: F1 33130	ZRemove
			□Change
AMBR	Felix M Tejeda	290 SW 8th Are	□Add
		M-a: F1 32130	
			□Change
AMBR	Daria Tejeda	240 Sm 8th Ave	□Add
		M:a:, F1 33130	E Remove
			□Change
MABR	12 the Estate of Tejeda	\$ 240 SW 8th Ave	≦Add
	Tejeda	Miani, Fl 33130	□Remove
			□Change
			□ Add
			TRemove
			□Change

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record Lis file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
	Docarber 15th 2001
ated _	
ated _	Signature of a member or anthorized representative of a member

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