## Leocostoled

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHDIEZT.	PASTELI	TOS MARILU LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		RAXELIS ESPINOZA		
		Name of Person		
		Firm/Company	<del>_</del>	
		Address		, p
		10539 BURLWOOD DRIVE		·- ,= ,= ,:
		City/State and Zip Code LESSBURG, FL 34788	ication)	173 IASY OF STATE
		to be used for future annual report noti-	ication) Sign	
For further information of	concerning this matter, please o	all:	근	; <u>-</u>
GINELLA	A OBANDO	352 530 - 5134 at ()	.r.)	ι ω
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & oy
Mailing Addres		Street Address: Registration Sec	ction	
Division of C		Division of Cor	porations	
P.O. Box 632	27	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)	<del></del>
11/13/2020	and assigned
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signation "LLC" or the al	obreviation "L.L.C."
	<u>;29</u>
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la street address	
Florida	
, riorida	Zip Code
	on our records.)  11/13/2020  Te:  Signation "Lt.C" or the above cords, enter the natalest address  da street address

## 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>	<u>Name</u>	Address	Type of Action
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			Change
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 conter. If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	_(optional) days after filing, ents, this date	.) Pursua	ant to 605.0 ot be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli is filed.	er of: (b) Th	ne 90th	day after t
ted JUNE 06 2024			
Signature of a member or authorized representative of a member	:r		
RAXELIS ESPINOZA			

Filing Fee: \$25.00