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(Requ	uestor's Name)	<del></del>
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A. BUTLER APR 2 9 2022

## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: BAF	E THE L	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Alexandra	Oash - Garc	<u>C</u>
		Firm/Company	
	16308 Birka	Ial Dr Address	<del></del>
	Odessa, F	City/State and Zip Code	
	<u> </u>	Or (IA (O A M/U). o be used for future agricual report not	COY ification)
For further information con	cerning this matter, please ca	ill:	
Alexandra Cu	Sh-Garaa Person	at (S13) 447 Area Code Daytin	- 4357 ne Telephone Number
Enclosed is a check for the	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addrass		Stront Addrago	

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

FILED

(Name of the Limited Liability Compa (A Florida Limited	2022 APR -8 PM 2: 03  Inv as it now appears on our records.  Clability Company)  SELICE TARY OF STATE  TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000402</u>	were filed on <u>O(+O(+2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  ODUICOCC THE LLC  The new name must be distinguishable and contain the words "Limited Liabi"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10107 Memorial Hwy Swite F.T Tampa Fi 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lelo7 Memorial Hwy Suite E7 Tampa, FL 33LP15
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  Odlssa	Ara Cash - Garcia  Brita Cash - Garcia  Brita Dr  Enter Florida street address  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 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
MGR	Alexandra Cash-Gran	n 16308 Birkdale Dr	MAdd
		Odessa Fl 3355le	□Remove
			□Change
AMBR	Luis A Garcia	8072 lago Mist	
		Wesley Chapel, FL 33545	Kemove
			□Change
			□Add
			□Remove
		<del></del>	🗆 Add
			□Remove
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Note:	ive date, if other than the date of filing: Oh
f the reco ecord is f	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 led.
Dated	04·06.
	Signature of a member of authorized representative of a member
	Alwandra Cash-Garcia

Filing Fee: \$25.00