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(Requestor's Name)
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COVER LETTER

	ision of Cor			٠.		
SUBJECT:	Kirsy Puell					
SOMECT.			ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		Fabrizio Lengua				
			Name of Person	Name of Person Firm/Company Address y/State and Zip Code used for future annual report notification) at (
		Name of Limited Liability Company				
			Firm/Company			
	5511 Parkerest Dr. Suite 103					
			Address			
Address Austin, TX 78731 City/State and Zip Code						
						
For further in	nformation c		<u>.</u>	offication)		
Fabrizio Lei	1gua					
	Name o	f Person		me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$ 25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
	iling Addres					
Registration Section Division of Corporations						
	D. Box 632					
Tal	llahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kirsy Puello LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/29/2020 Florida document number $\frac{1.21000007532}{1.21000007532}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6900 Turkey Lake Enter new principal offices address, if applicable: 1-3 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32819 6900 Turkey Lake Enter new mailing address, if applicable: 1-3 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32819 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 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
AMBR	KIRSY PUELLO	<u> </u>	🗆 Add
			□Remove
		6900 Turkey Lake Rd 1-3 Orlando, FL 32819	Change
			□Remove
			□Change
			□Add
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			🗀 Add
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ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b	ist be specific and cannot be pro- lock does not meet the appl	or to date of filing or more t icable statutory filing rea	(optional) han 90 days after tiling.) Pursua quirements, this date will no	ant to 605.0207 of be listed as
ocument's effective date on the E	Department of State's record	is.		
e record specifies a delaye The 90th day after the rec	d effective date, but n cord is filed.	ot an effective time	e, at 12:01 a.m. on th	e earlier o
ated	2022	 •		
	/s/ KIRSV	/ PUELLO		
	Signature of a member or aut	horized representative of a	member	-