## L21000014 484

(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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2022 SEP 19 All 7: 46

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	UQUE'S FI	OURING LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fose'	DUGUE LOZAI  Name of Person	<i>VO</i>
	4	Degell/ Firm/Company	
	1741 SW	HAMPSHIRE LN Address	<u> </u>
	Post SAINT	City/State and Zip Code	1953
	dugues pla E-mail address: (	DOVING DO SMAIL CO. to be used for future annual report notif	m fication)
For further information c	oncerning this matter, please ca	all:	
Jose' D	USIC LOZANO f Derson	at ( <u>786</u> ) <u>62640</u> Area Code Daytim	201 e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres	55:	Street Address:	

TO:

**Registration Section** 

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liabi (A Floric	lity Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>L 2/0000/4/84</u>	Company were filed on <u>08</u> FET/EIN MUMBER	26 /2022 and assigned 2 - 8675 47659
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	, Florida 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 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
H6R	Jose' David Duque Réver	144 SU PEACOCK BLVD APT 207 Port SANTLUCIE FL 34986	_ SAdd
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an eff ote:	ive date, if other than the date of filing: 08/26/2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis fil	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.
ated	08/26/2022
	Warrell
	Afficiação
	Signature of a member or authorized representative of a member