L21000015350

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-3
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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05/04/24--01005--009 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEPGIO LOSO Name of Person
ASEA TRADING Secur WC
2016 Pierce & t Unit t
City/State and Zip Code
UETENCO LE DIOCOSOUTGING CON 13-mil address: (to be used for futura annual report notification)
For further information concerning this matter, please call:
SERGIO LOBO at (954) 707 - 39A6 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: 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

		roup LLC		
(<u>Name of the Limit</u>	ed Liability Compar (A Florida Limited I.	ny as i l now appears o n liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L22000</u> This amendment is submitted to amend the following the content of the cont	15350	were filed on _ O\	/10/1021 and assigned	
	C			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w		ty Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE	i ADDRESS)			
Enter new mailing address, if applicable:		2200 S	CYDIES BENDALHO 70	Ĉ
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	Prompana Be	Cypress Bendalato 70 Pach, Florida, 33069	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	ddress on our reco	rds, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:				
New Registered Office Address:	2200 5	CYPTESS B Enter Florida s	end DZ NPTO 705 treet address	
	Pantono	Beach	end DR NPTO 705 itreet address , Florida 33061 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>	Name	Address	Type of Action
SIBHA	Sandra Lobo	22005 Cypics Bend Dr ph	Add Add
		22005 Cypross Bend Dr Apho Pompano Beach, FL, 33069	□Remove
			Change
			□Adđ
			□Remove
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fan effective date Note: If the date	if other than the dis listed, the date must end in this bloctive date on the De	be specific and canr ock does not meet	not be prior to date the applicable st	of filing or more th atutory filing req	(optiona an 90 days after filir uirements, this da	l) g.) Pursuant to 605.020 se will not be listed a
e record specifies d is filed.	s a delayed effective	date, but not an e	effective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after the
Dated	129/24					
		Signature of a ment	MAL AT DOWN OF AUTHORIZED HO	epresentative of a n	nember	 _