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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(ON) Outo Elph Hono H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. WHITE MAY 17 2021

COVER LETTER

TO:	Registration Se Division of Cor			
ou n	n am	Siantle	the Com LLC	,
SUBJ	ECT:	Name of Lim	ited Liability Company	<u> </u>
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rosa	usia Castillo	
		Sign	Name of Person Here. Com	LC
		-	Firm/Company	
		1317 Edger	Noter Drive, Su Address	"te 3838
			City/State and Zip Code AS + 110 424 E to be used for future annual report notifi	
\sim		oncerning this matter, please co	at (CD) 388	7 - 6358 Telephone Number
Enclo	sed is a check for the	ne following amount:		
□ \$:	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>:s:</u>	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

20211 17 77 9:46 sign Here. Com (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1113/2021 The Articles of Organization for this Limited Liability Company were filed on Florida document number L210000 291 39 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 "L.L.C" or the abbreviation "L.L.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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. Thereby 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 Type of Action Address Running Beack Cir. Title MGR BoSAYRA CASTILLO _ Kemove __ Change 1317 EdgeNAter Dr. Ste 3828 DAdd MGR Lyis E. Castillo Orkando, Fl 32804 | Remove _**X**TChange _____ □Remove _____ Change Remove

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Changing address bor- Mar-Luis E. Castillo To: 1317 Edge water Dr. Ste 3828, Orkindo
	To: 1317 Edgio Water DR. Ste 3828, ARKING
	FL 32804
	FL. 52007
ltan e Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	d May 10 th 2021
	Signature of a member or authorized representative of a member
	LUIS CAST,//0
	Typed or printed name of signee